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No. 307



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# WORLDWIDE REPORT

## EPIDEMIOLOGY

No. 307

## CONTENTS

HUMAN DISEASES

ANIMAL DISEASES

PLANT DISEASES AND INSECT PEST

HEALTH FACILITIES DAMAGED IN GUERRILLA WARFARE

Kabul KABUL NEW TIMES in English 29 Nov 82 p 2

[Text] "Serious attention should be paid to affairs of public health and health care. All the regrettable consequences of the socio-economic character of the past ruling regimes, linked to plundering imperialist monopolies before the victory of the Saur Revolution, in this field need to be eliminated. Our compatriots received very little of health service at that time.

"Contagious diseases, malnutrition and deaths, especially of children, due to different diseases and insufficient medical services, whose beneful and undesirable effects combine with the continuation of undeclared war of imperialism with the alliance of the regional reaction and hegemonism against our people, homeland and revolution, are still heavy burdens on our shoulders."

This was stated by the Deputy Minister of the Public Health in an interview with Haqiqat e- Enqilabe Saur recently.

He added: "The Public Health Ministry of the Democratic Republic of Afghanistan, despite all these problems, after the victory of the Saur Revolution, especially its new and evolutionary phase, has outlined health plans of the country according to the fundamental directives of the DRA Government in order to universalize health services in a spirit of social justice and with the worldwide slogan, 'Health for All",.

To facilitate effective treatment of diseases; and render health services to the people at five levels—from the capital to the villages (in the specialized central health organisations, specialized hospitals, zonal hospitals, main provincial hospitals and main health centres in districts and branch health centres in villages); to expand and develop health educational programmes; to improve and develop nutrition, to provide sufficient hygienic drinking water; to take measures for protecting the living environment; to improve health conditions of mothers and children; to expand the mass emulation programme; to provide first aid; to prepare sufficient nec-

ded medicines; to coordinate health services in sectors such as agriculture and livestock-breeding, town-building and house prefabrication factories, and communications; to ensuring health for all, persuading the people to take active part in outlining and convening health programmes; to facilitate the transport of patients from the provinces to the capital; to ensure priority for the emergency and urgent health problems; to improve the training of medical personnel at the levels of localities, provinces and the capital, and to create a spirit of collective cooperation among the people—all these are "basic duties" of the ministry, according to the deputy minister.

In order to perform these tasks and increase the cost effectiveness of all-sided health services at different levels, the following measures have been outlined in the health plan:

1. In 26,000 villages, a sufficient number of medical personnel and local midwives will be trained and 320 health centres (those functioning now included) established.

2. At the district level, as many as 394 main health centres (the present ones included) will be established and will carry out the training programmes for preservice and in-service personnel.

3. The quality of equipment will be improved and experienced personnel employed in the main hospitals of the provinces.

4. The equipments will be improved and qualified and experienced experts employed for carrying out specialised medical activities in the zonal hospitals.

5. Finally, the specialised higher hospitals of the capital will be equipped to deal with diseases which are impossible to treat in the hospitals of the provinces.

"At present, the ministry carries out its all-sided health services—both curative and preventive— with its 60 hospitals, with 4,508 beds, 157 main health centres, 132 branch health centres, 189 laboratories 79 X-ray units, 15 blood banks, 53 dental clinics, 58 Government drug stores and 572 private medical stores. The health care programme included general health care, a campaign against leishmania and malaria, control of tuberculosis, a mass emulation programme against six contagious diseases of children, regular and systematic preparation of healthy drinking water for the villages throughout the coutry", the deputy minister pointed out.

He added: "As I stated at the beginning of the interview, international imperialism with the collusion of hegemonism and regional reaction, headed by the US imperialism, are making efforts to despatch armed and destructive groups, plundering terrorists, under the mask of "defence of Islam" in order to create obstacles for our advance in implementing the plans on health services for the working people of Afghanistan. They, with their shameless actions, still claim to be Islamic patriots, fighting for peace and freed-

om!"

"I will give you examples of their deeds", he went on. "Before presenting datas on the subject I would like to ask a question: with whom do they practice enmity? The answer is obvious by paralysing health services in the villages and remote localities and by setting fire to hospitals, health centres and other establishments, they are practising enmity with the children, youth, women and men, in short with all working people of revolutionary Afghanistan".

"Please look at this figures", he said. The list he pointed to read:

—The losses suffered by the hospitals of the Logar and Bala Morghab and Trim and other hospitals and curative organisations, numbering 18, amount to Afs 100 million.

—The destruction of major health centres, different curative institutions and health centres has cost the country Afs 225 million.

—Losses on account means of transport of curative medicine in the main health centres, the water supply projects, transport means of the department of the campaign against malaria and some other organisations total Afs 102 million.

The total losses suffered on the few counts mentioned exceed Afs 42 million.

The damages inflicted by the counter-revolutionary elements on hospital and main health centres in the country (excluding the Central one of Kabul):

Eight semi-active and one non-active and establishment of eight hospital have been partially destroyed and 37 main health centres have suffered losses.

The Herat Zone:

The Bala Morghab, Noor and Ghoryan Hospitals and the blood bank of the Farah province (non-active) and 15 health centres have suffered losses.

The North Zone:

The Samangan and Aqcha Hospitals have been destroyed and seven health centres have suffered losses.

The Kunduz Zone:

Three hospitals, two blood banks (non-active) and 13 main health centres have suffered losses.

The Nangarhar Zone:

The Laghman and Konar Hospitals have been partially destroyed, and 14 main health centres have suffered losses.

(Translated from Haqiqate Enqilabe Saur).

CSO: 5400/4707

LIMITED IMPROVEMENT SEEN IN HUILA HEALTH SITUATION

Luanda JORNAL DE ANGOLA in Portuguese 20 Nov 82 p 11

[Text] Lubango--The health situation in Huila Province, which has been in miserable shape in recent years, improved considerably in 1982, Dr Nile Vaz de Dorja, provincial Health Ministry delegate, said recently in an interview with the Angolan news agency ANGOP.

According to statistics cited by Dr de Dorja, although the population of Huila has increased, the number of diseases (lung disorders, gastroenteritis and malaria) has decreased in recent times, because of the efforts of the Provincial Health Delegation to educate the people regarding the importance of vaccinating infants at a very early age and taking preventive measures against the most prevalent diseases.

"The statistics show us that the percentage or incidence of the major diseases was lower this year, which indicates there was some effort to prevent these diseases from appearing in alarming proportions," Dr de Dorja said.

The provincial health delegate declared there was a great shortage of health personnel, "not only in quantity but in quality," adding that "for effective health coverage in Huila Province it would be necessary to train 100-200 nurses every year, which is not happening. Normally, between 30 and 40 are trained, and one-third of these are put into military services," he stressed.

Referring to the supply of medicines, Dr de Dorja acknowledged that it is a national problem, but stressed that Huila Province should be given priority, in that "it is at the front in the war conducted by the South African racists against the People's Republic of Angola."

The official also mentioned the problems with the water supply, particularly at the maternal-infant center, and stressed that this situation has not only made it difficult to care for the patients but also to maintain cleanliness.

"We have called the Water and Sanitation Company almost daily, but to no avail. Sometimes we go for 3 or 4 days without water, and naturally this makes it impossible to maintain hygiene at the hospital. This can lead to the spread of some diseases and aggravate ailments that some patients already have," said Dr de Dorja.

In conclusion, the provincial health delegate appealed for help from such agencies as the Home Trade Ministry, the Construction Ministry and the Water and Sanitation Company, because, as he said, "these agencies play a direct part in the solution to some of our current problems in the health sector."

6362
CSO: 5400/88

HOSPITAL SITUATION, ADMINISTRATION, FUNDING CRITICIZED

Nassau THE TRIBUNE in English 1 Dec 82 p 1

[Article by Athena Damianos]

[Text] **THE PRINCESS Margaret Hospital has been without vital drugs on several recent occasions, according to a source who is close to the scene.**

And unless the hospital is allowed to function independently and without political interference, problems like this will continue to hamper the services of the PMH.

"It is the unanimous view (of the senior doctors at the Princess Margaret) that all of the government hospitals should be decentralized," the source said.

"The entire health profession realizes that the health structure is archaic, wasteful and thoroughly inefficient. It all relates to the basic concept of how you run a modern institution. You have to have a competent set of managers who have a free hand in running the hospital."

The source claimed that the Ministry of Finance has more control over the hospital than the Ministry of Health.

"No-one in the hospital or in the Ministry of Health has any power to make the decision to purchase. The administrator of the hospital has no decision-making powers. He has no power. Everything is decided by the Ministry (of Health) or the Ministry of Finance. He can't even fire a maid without some kind of political interference," the source claimed.

"There is a list of essential drugs that the pharmacy should always have. On a daily basis, a large number of those drugs are unavailable. They (Ministry of Health) claim that the orders get held up in the Treasury."

On November 22, the hospital's medical consultant staff met with the Minister of Health, the permanent secretary and acting Chief Medical Officer to discuss some of the problems outlined above.

According to the source, the Minister, Livingstone Coakley, "said he'd think about it, but he didn't know what to do." It was apparently the first time Mr Coakley had met with the doctors since he took up his appointment in June.

The source claimed that the permanent secretary, Harold Munnings, told the doctors that he had to go to the Treasury and "beg" for money to buy essential drugs. However, The Tribune was unable to contact Mr Munnings today to confirm this.

"This has been going on since 1967," the source said. "In fact, this has been going on before then. This is one of the things that the doctors told the last Government; that you can't run a modern hospital with a British colonial system.

It's been said over and over again."

The source said that well run hospitals in other countries have an independent board of directors "and they don't have this constant interference with people in politics." The directors are usually successful business people.

"Why is the Government so resistent about setting up a modern management system? What are they afraid of?" the source asked. "The main problem is trying to analyse the psychology of a Government that wants to fail. Why do they continue to ignore the concensus of their top professionals?"

Another hospital source confirmed that there have been several drug shortages at the hospital.

"Everything has to go through the Treasury, and because of the cumbersome system it sometimes takes longer than it should to get them (drugs)," the hospital source said.

"Every other Government agency has the same problem, but the Ministry of Health's problem is probably more dangerous because if it runs out of drugs, it could be life threatening."

The source also agreed that an independent board should be appointed to the hospital. However, another person thought it was "a great idea," but wanted to know how a new management system could be smoothly implemented.

The call to decentralize the Princess Margaret Hospital is not new. The Medical Association of the Bahamas has been agitating for it for many years.

In July, 1978, the then president of the Association, Dr Bernard Nottage, said. "There has been over-centralization of the administration of health services to a level which has adversely influenced the quality of health care and the speed with which it can be delivered."

Dr Nottage asked the authorities to make it possible for decisions to be made by designated, responsible personnel, rather than the necessity for every decision to be made at the highest level.

"We feel too that health care must be taken to the people," he said. "The requirement of all sick persons to attend a central hospital for routine outpatient care is outdated and wasteful of time and resources."

Dr Nottage said that one of the reasons for many day-to-day problems faced at the hospital was the lack of authority of those responsible for its day-to-day operation.

"Although we accept that Government must determine policy, we feel that once such policy has been determined, the day-to-day details required for implementation should be placed in the hands of a board appointed by Government, and charged with responsibility for policy implementation. But the board must have powers to make and implement decisions," Dr Nottage said.

**• Hospital administrator John Thompson was in a meeting when telephoned by The Tribune for his comments. Up to press time he had not returned the phone call.**

CSO: 5400/7520

## BRIEFS

DIARRHEA IN MANIKGANJ--MANIKGANJ, Nov 22-- Cholera and diarrhoeal diseases have broken out in an epidemic form in the subdivision claiming 56 lives in last four weeks. Some sources also put the death toll at 70. Modern Hospital sources said that on average 5 persons are being admitted a day to the hospital. Meanwhile doctors of Manikganj Hospital admitted sporadic cases of diarrhoea caused by unwholesome fruits and polluted water. Moreover diarrhoeal diseases have also been registered in different rural health centres in the subdivision. The worst effected areas are Hattpara under Manikganj thana, Harimkandi, Dhulsura and Balora under Harimampur police station, Baghota and Bachamara unions of Daulatpur thana Fukur Hatti and Akashi in Saturia thana Tarail of Ghior thana and Shiva laya of Shivalaya thana. According medical source more treatment faclities are needed in the affected areas on an emergency basis. [Dhaka THE NEW NATION in English 23 Nov 82 pp 1, 8]

CHOLERA SITUATION IMPROVED--354 Civil and Army medical teams are working in different cholera and diarrhoea affected areas of Mumensingh and Dhaka districks including Dhaka Metropolitan City in ZMLA Zone 'A'; says a PID handout. The medical teams are composed of doctors paramedical personnel vaccinators and health workers. They are treating cholera gastro-enteritis and diarrhoea cases and taking all preventive measures like giving anti-cholera inoculation; distributing oral saline and water purifying tablets Health workers are moving from door to door to extend health education with hand bills posters and motivational advice. Response from the public is very good. They are spontaneously coming forward to take anti-cholera inoculation and other preventive measures. About 95 cholera patients from different areas were admitted to the ICDDRB Hospital; Mohakhali since the present outbreak and all of them have already left the hospital fully cured. Reports published in a section of press on the incidence of cholera and gasto-entestinal diseases, including diarrhoea; appear highly exaggerated. Also there is no scarcity of essential medicines, saline and vaccines anywhere in the affected areas of Zone--A. The present situation in Mymensingh district has become almost normal and that of Dhaka greatly improved. [Dhaka THE BANGLADESH OBSERVER in English 25 Nov 82 p 1]

CSO: 5400/7061

DYSENTERY EPIDEMIC DISCUSSED

President Calls Meeting to Consider Measures

Bujumbura LE RENOUVEAU DU BURUNDI in French 28-29 Nov 82 p 3

[Article by Serge Gahungu and Serge Niragira: "Controlling the Dysentery Epidemic"]

[Text] For nearly 3 months Burundi has been confronting a serious new epidemic that is threatening some regions of the country.

In 1978 we successfully brought cholera under control, but the danger was serious, so serious that the entire administrative arm of the provinces and the communes, and especially the local UPRONA [National Unity and Progress Party] Party Committees, mobilized day and night to bring about a reduction of the terrible illness. No less energy will be required today to eradicate the bacillary dysentery epidemic, which made its appearance in September and which is continuing to spread. As often happens, the border areas are the first to be affected.

Cholera came through Rumonage to the south; the dysentery has attacked through the border zones on the east at Mushiha, where the Rwandan refugee communities have been established, and through the zones to the north at Ngozi and Kayanza.

Its spread is rapid, because according to the statistics one patient contaminates ten others. The rainy season is especially propitious for propagation, because rainwater carries into the waterways the organic matter deposited in the countryside by those having the disease. And, as always, travelers are classic transmitters of the epidemic.

In the course of the tour into the provinces which he has just completed, President Bagaza called upon cadres of the party and the administration to mobilize again to fight this new plague, as was done so effectively against cholera 4 years ago.

The UPRONA Party, for its part, has just launched the keynote of the mobilization. On Saturday, therefore, the day the UPRONA militants met in their sections and areas, the dangerousness of dysentery was spoken of, as well as the means to be set up to fight it. Physicians and public health officials gave reports before attentive audiences.

After reports on the nature of the disease and the means of preventing it by family and personal hygiene, and measures to be taken in case of contamination, party members asked the doctors questions about the most effective measures to be taken. A document drawn up by the hygiene services of the Public Health Ministry was read in all areas of the capital. It was strongly recommended that cleanliness be maintained in the bars and restaurants of the working-class neighborhoods.

Naturally, latrines and liquid waste, the places where germs multiply, must be the object of special attention.

The doctors hastened to emphasize that there is no vaccine against bacillary dysentery. It is necessary to keep clean, and to run to the hospital if one comes down with the disease. It does no good to prevent the populations of the affected regions to travel, for their economic survival depends on trade with the rest of the country.

Generally, there are laws concerning public and household hygiene. They are numerous and would be adequate if vigorously enforced.

## Public Health Director General Discusses Epidemic

Bujumbura LE RENOUVEAU DU BURUNDI in French 30 Nov 82 pp 1, 3

[Interview with Dr Paul Mpitabakana, director general of the Public Health Ministry, by Serge Gahunga and Serge Niragira; time and location of interview not specified]

> [Text] For 3 months Burundi's regions have been afflicted with dysentery and the hospitals have been facing the influx of many cases (see our last issue). LE RENOUVEAU interviewed Dr Paul Mpitabakana, the director general of the Public Health Ministry, to get information for you on the extent of the disease, the administration's reaction and the behavior of the populace.
>
> We reported in our last issue that at party meetings an awareness campaign was conducted to alert the people.
>
> We present, in their entirety, the words of the director general of public health.

[Question] Could you furnish some statistics or an estimate of the extent of the disease in the country?

[Answer] The disease is practically generalized; nearly all of the provinces are already affected, especially Ngozi, Kayanza, Bubanza, Bujumbura (Rwibaga and Jenda), Muramvya (one of those provinces most affected). In reality, the disease is propagating by spreading because of the mobility of the population, although it would be hard to give exact statistics.

As for contamination, everyone who comes in contact with a germ doesn't necessarily get sick; he becomes what we call a healthy carrier and is a propagator of the disease. Note that the disease is propagated directly or indirectly. By the direct method, a sick person contaminates a healthy person or a healthy carrier contaminates a healthy person; with regard to indirect propagation, it is done by flies and polluted water.

[Question] If the disease were ever to continue, what means does the ministry have at its disposal?

[Answer] The disease is continuing, not because there is no medicine, but because it is difficult to keep the population from moving around. Since there is no vaccine, it is difficult to prevent the disease. In the case of other diseases for which there are vaccines, we operate what is known as quarantine, in order to save the rest of the population; we prevent people from moving from contaminated regions to germ-free regions.

In short, the only means is to solicit the good will and cooperation of the population. We don't forbid, we advise.

[Question] Four years ago, to fight cholera, the ministry had to mobilize other resources: the nation and the administration were mobilized and foreign aid was received. Will the same thing be done for the dysentery, or are there means already in place?

[Answer] Cholera was a disease that was unknown in our country. However, the people were quickly made aware and quickly got used to taking care of themselves. In fact, the speed of the intervention counts for a great deal as far as effectiveness goes, the people must come [for treatment] at the first manifestation. As for dysentery, it has been known to the Burundians in the past; it's nothing new. For dysentery, the patients don't rush to the doctor, but they go and consult the traditional healers, whereas we have medicine to treat the disease.

[Question] Have the medicines been purchased since the trouble exploded, or were they already available?

[Answer] These medicines existed and were used for other diseases; but the quantity was, and continues to be increased by the circumstance.

For such diseases we take blood samples and test the sensitivity of the microbes to these medications. We chose to use just two medicines, one of which is used daily and the other of which serves as a backup in case the microbe is resistant to the first medicine, or in case the patient doesn't follow the course of treatment, for example.

[Question] Did this disease, like cholera, come from bordering countries? Is there any regional cooperation at the level of the CEPGL [Economic Community of the Countries of the Great Lakes], or bilaterally?

[Answer] We have commitments for exchanging health information. The government is committed when it is a member of a community; it must observe the standards that regulate that community.

Since Burundi is a member of the WHO, it must furnish information to the WHO. Even on mere suspicion, it must provide information after performing various analyses. It has even happened that we have sent samples so they would know what disease to vaccinate against.

Since the CEPGL was founded, relations have improved in that sense with the countries of the Community. Since the appearance of cholera, prevention measures have been standardized; a Joint Epidemiologic Surveillance Committee has even been created to make tours into the interior of each state under the direction of the Executive Secretariat, to see whether the prescribed measures are really being observed.

In short, information is being exchanged and means of prevention are being standardized.

[Question] What measures have been taken in institutions containing large groups of people, such as schools or prisons; wouldn't compulsory rules have been established, so that the disease wouldn't decimate those communities?

[Answer] People in those groups shouldn't have anything to worry about as long as they observed hygiene measures. This isn't always the case, and there is necessarily some risk. Some day the contact should be cut off between fecal matter and the outside. Household wastes can provide contamination; they should be buried and covered with a layer of earth or a sheet of metal. In addition, the eating of unwashed raw food must be avoided.

In large groups, domestic servants must be supervised and be irreproachably clean.

[Question] Are the agents of the party who have embarked on the anti-cholera campaign adequately informed?

[Answer] Cooperation has been requested from everyone in charge; those concerned with education, the party, the clergy, the administrators, have all been informed about this. Legal notices have even been drawn up to be posted in public places.

[Question] Is dysentery as serious and dangerous as cholera?

[Answer] All diseases are serious. The two diseases can't be compared. What is serious is that people claim to know about the disease and don't rush to the doctor.

In conclusion, let's say that socio-economic conditions are such that the disease is not going to go away unless the people accept the instructions they are given; they must participate in applying hygiene measures, individually as well as in groups.

Here are some bits of practical advice:

Have a latrine available, use it and maintain it, cover it to keep flies from having access to it.

People must come immediately to get care, because speed of intervention counts heavily toward the effectiveness of the treatment.

People are also advised:

To wash their hands at least before every meal or each time they have gone to the toilet, with soapy water;

to cut their nails;

to avoid shaking hands or mouth contact;

good food hygiene: eat cooked foods, vegetables must be washed with drinking water; protect food and cooking utensils from flies;

boil water before drinking it;

cover containers;

fight flies by throwing away spoiled food.

8946
CSO: 5400/110

MEETING OF MEDICAL OFFICIALS ON DISEASES

Yaounde CAMEROON TRIBUNE in French 9 Dec 82 p 5

[Article by Menunga B.C.: "Lekie: Public Health: How can Malaria, Onchocerciasis and the Meningitides be Conquered?"]

[Text] CAMNEWS--Chiefs of medicine of the district hospitals, supervisors and head nurses from the health centers, as well as officials from the department's private hospitals and health centers, met from 18 to 20 November in Saa for their quarterly meeting, which was last held last 16 and 17 July in Okola. The chairman was Dr Beyiha Gerard, the chief of the departmental section of preventive and rural medicine at Lekie, and the meeting was attended by the departmental head of the Public Health Service, Dr Ze Mvondo Dieudonne.

At the opening session, the subprefect of the Saa district expressed his pleasure at seeing the county seat of his administrative unit play host to these meetings for the first time.

On the program were administrative problems related to the operation of the department's health training, and technical reports, followed by discussion, on the most common diseases. Among the subjects dealt with on this occasion were malaria, onchocerciasis, typhoid fever, the meningitis and leprosy, which appear to be the current plague in the entire country in general and in Lekie in particular. The meetings also dealt with primary health care and abortion. Among the conferees were eminent practitioners such as Dr Ebanda of the Okola district hospital, who spoke on meningitis, Dr Beyiha, whose subject was the plague of leprosy, and Dr Ze Mvondo, who reported to his peers on primary health care. To enable all staff members to impart their knowledge publicly without complexity, other speakers also reported on other subjects included in the meeting, with the triple goal of educating, training and recycling.

8946
CSO: 5400/107

## COMMUNICABLE DISEASES SEMINAR REPORTED

### Seminar Program Detailed

Yaounde CAMEROON TRIBUNE in French 9 Nov 82 p 4

[Excerpts] A seminar to retrain laboratory technicians and assistant technicians will start this morning in Yaounde at the University Center for Health Science (CUSS). It will be chaired by the minister of public health, Eteme Oloa Athanase. The workshop seminar is to focus on the latest laboratory methods of diagnosing communicable diseases, especially syphilis and human trypanosomiasis. Thanks to this seminar, technicians will be able to perfect their theoretical and practical training. Having technicians with sound theoretical and practical training has been the contributing factor in the expansion of laboratories in countries which have made significant progress in the fields of biology and microbiology. Biological diagnosis is increasingly the essential factor in clinical practice. The saying, "prevention is better than cure" applies perfectly to the work of the biologist whose aim is to provide information to doctors as soon as possible, sometimes even before the onset of clinical symptoms. Biology is an ultramodern science which must be mastered, Without it there can be no modern medicine.

The seminar was organized by the Ministry of Public Health with the help of the Hoecht-Behring Laboratories.

Topics for the workshops were selected in accordance with the needs of the country, based on research projects performed by the Behring Institute.

The following topics have been proposed for the first Behring workshops in Yaounde in agreement with the professors consulted:

-Detection of syphilis and determination of the antibodies produced in the course of the disease.

-Parasitic diseases: biological diagnosis based on antibody counts in the organism, for example in patients suffering from sleeping sickness.

Determination of hepatitis antigen in order to eliminate it from the blood of infected donors for purposes of blood transfusion.

-Methods for rapid diagnosis of rheumatic diseases from slides.

## Sleeping Sickness and Syphilis are on the Increase

Yaounde CAMEROON TRIBUNE in French 12 Nov 82 p 4

[Excerpt] The seminar and workshops organized by the Ministry of Public Health and the Behring Laboratory and devoted to laboratory diagnosis of communicable diseases such as syphilis and trypanosomiasis, on the increase in our country, ended yesterday at 1800 hours.

For 2 days, 150 participants from different areas and sectors listened to lectures on modern atherolipid evaluation, recent findings and biological interpretation in cases of trypanosomiasis, developments on protein counts in lipid evaluation and, finally, on the serology of syphilis.

They also learned new techniques for measurement of proteins in lipid evaluation, for utilization of "Collognost"* in cases of amebiasis and trypanosomiasis, for measurement of proteins in the cerebiospinal fluid when applied to the diagnosis of trypanosomiasis, spot tests to diagnose syphilis, fibrinogen determination, Quick's test, blood groups, tests to diagnose rheumatism and so on.

Closing the sessions, the minister of public health, A. Eteme Oloa, said that the importance and variety of the subjects discussed and the high caliber of the lecturers were bound to guarantee the success of this seminar, a success which was no surprise and to which the participants contributed by their diligence and pertinent questions during the lectures and practical sessions. Mr Eteme told the trainees that the training which they received was not an end in itself but the means of improving the quality of work when they returned to their jobs.

He asked them to share with other members of their teams the knowledge acquired and not to keep that knowledge to themselves as a secret. That, he said, "is the only way to control the trypanosomiasis and venereal diseases which are the number one problem in our public health." The minister also made a point of thanking Mr Yoppa Emmanuel, a company director, whose shuttle trips between France and Cameroon were of prime importance in the organization of the seminar.

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*We believe Collognost to be the French tradename for a diagnostic product used in detection of amebiasis.

8796
CSO: 5400/71

ANTI-MOSQUITO CAMPAIGN OUTLINED

Yaounde CAMEROON TRIBUNE in French 3 Dec 82 p 3

[Article by Mouelle Bissi: "Mosquito Abatement in Yaounde: the Campaign Will Start up Again Soon"]

[Text] An anti-vectorial campaign was started in Yaounde on 27 April 1982, under the joint aegis of the Public Health Ministry and the Urban Commune of Yaounde. The campaign, which had been organized with considerable material and human means, had as its objective the destruction, inside residences as well as around their perimeters, all disease carriers: mosquitoes, flies, cockroaches, bugs, lice, etc.

Several months later, people were wondering what had become of the campaign. It must be said that a Health Department team had descended on the terrain.

According to the chief of the City Health Department, Mr Mebenga, "the campaign was imperative, given that the rate of patients suffering from malaria was continuing to increase dangerously." At the city clinics, malaria is on the hit parade. In the face of that somber fact, it appears urgent that something be done. Studies conducted in the field by the Entomology (study of insects) Department of the Ministry of Health reveal that pockets of mosquito larvae are proliferating throughout the capital. Also, the Public Health Ministry and the Urban Commune of Yaounde are combining their efforts to fight this plague. On 6 October a second campaign, on a large scale, was launched by the Ministry of Health in cooperation with Great Britain's Welcome Foundation Limited.

The Ministry of Health received from the Welcome Foundation an assortment of materials for fighting disease-transmitting vectors. These include five HD Leco sprays attached to Land Rovers also numbering five. The Welcome Foundation also graciously offered two "mini Leco" apparatuses, essentially for fighting flies. The director of the project, Francis Ntuba, reveals how prevention is actually to be carried out in the field. It has not been useful, he says, to determine which zones have priority, since all neighborhoods have to be visited. The city was simply divided into five zones, and each zone was divided into two sectors. The working program is comprised of two stages:

> a 28-day attack phase immediately followed by a maintenance phase, to continue for the duration of the project. A team has been set up to check the results, its work consisting of regularly capturing and dissecting insects, to check the results of the treatment, neighborhood by neighborhood, thus guiding the operators in the field.

The objective of the wide-scale operation was undoubtedly to diminish the incidence of disease by eradicating the adult insects. With regard to mosquitoes for example, the concern of the project's leaders was not so much the destruction of the ovaries as the destruction of the anopheles [mosquito], the pathogenic agent of malaria.

8946
CSO: 5400/107

ANTI-CHOLERA COMMITTEES CREATED

Yaounde CAMEROON TRIBUNE in French 25 Nov 82 p 5

[Text] Thursday 25 November 1982 [as published]--A decree of the president of the Republic signed on 20 November 1982, created anti-cholera committees, at the national level as well as in the provinces, departments, arrondissements and districts.

The goal of the anti-cholera committees is surveillance, prophylaxis and treatment of the disease in their respective territorial jurisdictions.

To that end, they are charged with taking all control measures aimed at countering the spread of the disease and reducing mortality.

Their chief responsibilities are:

a) continually:

to study the evolution of the cholera situation by putting in place an alarm system and a technical services information system concerning the incidence and extent of the infection;

to supervise development of a program of decontamination of the environment and the drinking water supply;

to supervise promotion of sanitary education of the population in the imperatives of food, fecal and bodily hygiene;

b) in times of epidemic:

to organize any anti-cholera campaign;

to centralize the means needed to fight cholera;

to plan, coordinate and harmonize the activities of the administrative and sanitary authorities;

in all cases, to take any measure deemed useful to the success of the prevention undertaking.

The anti-cholera committees are composed of the following:

a) at the central echelon:

chairman: the minister of public health or his representative;

members:

the general secretariat of the ministry of public health;
the inspector general;
the director of preventive medicine and public hygiene;
the director of health;
the director of studies, planning and statistics;
the director of general administration;
the deputy director of preventive medicine and public hygiene;
the head of the department of epidemiology and malaria;
the head of the department of public hygiene and decontamination;
the head of the department of sanitary education;
the head of the department of laboratories.

The committee's secretariat is provided by the head of the department of epidemiology and malaria.

b) at the provincial level:

chairman: the governor of the province or his representative;

members:

the provincial Public Health delegate;
the head of the provincial preventive medicine section;
the provincial official in charge of public hygiene and decontamination;
the provincial official in charge of sanitary education;
the provincial official in charge of village hydraulics;
the representative of the Surete and the National Gendarmerie.

c) at the departmental level:

chairman: the prefect or his representatives;

members:

the chief of the departmental Public Health Service;
the head of the departmental preventive and rural medicine section;
the mayors or municipal administrators;
the official in charge of public hygiene and decontamination;
the official in charge of sanitary education;
the official in charge of village hydraulics;
two departmental officials of political organizations;
the National Assembly deputies;
the representatives of the Surete and the National Gendarmerie.

d) at the arrondissement or district level:

chairman: the subprefect or district chief;

members:

the official in charge of public sanitary training in the county seat;
the official in charge of public hygiene and decontamination;
the official in charge of sanitary education;
the official in charge of village hydraulics;
two local officials from political organizations.

The committees may call upon any other person because of his competence.

The means necessary to the operation of the committees created by the present decree are provided for in the budget of the Public Health Ministry.

The committees will meet as required when called by the chairman. Their decisions will become effective immediately.

The minutes of the meeting will be sent as soon as possible to the Public Health Ministry.

The members of the anti-cholera committees will perform their functions without pay.

8946
CSO: 5400/107

HAVANA REPORTS INDIA BLAMES U.S. FOR DENGUE

Havana GRANMA in Spanish 2 Nov 82 p 6

[Text] New Delhi, 1 November (PL)--North American military institutions located in India were accused today of being responsible for the present epidemic of dengue that is afflicting this capital and other cities in the country.

The accusation is directed against experimental laboratories of the biological division of the United States army, and was made by Subramanian Swami, a member of parliament, to the chief of "Janata," the opposition party.

It is the first time that the North American institutions located in India for military purposes were directly blamed here for the outbreak 2 months ago of the epidemic disease known as "dengue-one."

In connection with that accusation, the laboratories of the biological warfare division of the North American army that are principally responsible are those located in Sonepat, some 50 kilometers north of this capital, in the state of Haryana, and also Calcutta, West Bengal.

Those laboratories were in charge of an extensive program of genetics experiments with mosquitos, similar to those carried out by homologous centers in the service of the North American Central Intelligence Agency (CIA), located in the Pakistani city of Lahore.

In the statement that was issued today Prime Minister Indira Gandhi's government was urged to establish a committee to investigate the matter.

According to statements that were made here, India has been the stage since 1975 for biological experiments for military purposes, carried out by departments of the CIA and of the North American Army.

8255
CSO: 5400/2010

PREVENTION OF CONJUNCTIVITIS IN COUNTRY DESCRIBED

Havana TRABAJADORES in Spanish 24 Nov 82 p 4

[Article by Silvia Martinez Puentes]

[Text] The present state of epidemiological control of conjunctivitis has led to the most important stage in its elimination.

If we compare last year's data with that of the present period, we can ascertain that in 1981 the maximum decline was about 59 percent and this year the most recent data shows a decline of about 74 percent.

The malady first appeared in July of last year and began to diminish only in October; then the decline continued irregularly until January, but the malady was never eliminated.

Many persons do not view the washing of their hands, improper use of personal objects, and individual cleanliness as a matter of hygiene essential to the avoidance of diseases such as conjunctivitis.

In addition, some sick persons are not careful about the possibility of infecting others.

Without health awareness on the part of the people, it is very difficult to sever the transmission chain. Much has been accomplished in this connection and the results are evident from the number of cases and the decline in the malady. However, very great care must be exercised, individually and collectively, especially in places of greatest concentration, such as schools and work areas. Convalescents are not permitted in public places.

Even though to a minimal degree, conjunctivitis can cause serious complications, both neurological and ophthalmologic, such as ulcerous corneas and keritits.

Damage to the economy is very great: work absences of those afflicted, which is the same as saying sick pay and lack of production; medical attention and systematic treatment until there is complete recovery. Also, expenses could increase as a result of the entrance of those that are most affected and the turning away of epidemiologic personnel with respect to immediate treatment and the elimination of the malady.

At present conjunctivitis is declining at a dramatic and continuous rate, which causes the specialists to believe in the possibility of its elimination. Nevertheless extreme measures must be taken during this period, to all appearances the final one for conjunctivitis.

The MINSAP [Ministry of Public Health] has ordered a series of measures to be carried out with the cooperation of mass organizations--to be implemented by administrators, workers, and the general public--including the seclusion of sick persons in homes and hospitals; a check of ports, airports, and bus and train terminals in order to prevent the transfer of afflicted persons; the prohibition of the use of swimming pools by persons who are afflicted and prohibition of their access to, or gathering in, public places and work areas.

The MINSAP also announced that any sick person who arrives in the province without conforming to the designated measures will be interned in a health unit until fully recovered.

In addition to the visit made by health crews to sick persons reported by the policlinic of each locality, a group of epidemiologic residents travels to all provinces to check on noncompliance of orders and the corresponding application of Decree 54 to violators.

The right to health is a principle of socialism and no one may endanger the integrality of that which society values most, mankind.

8255
CSO: 5400/2010

JOINT SYMPOSIUM ON HEPATITIS HELD IN ATHENS

High Carrier Statistics

Athens TA NEA in Greek 16 Nov 82 pp 1, 11

/Articles by Nana Daoundaki: "350,000 Hepatitis Carriers in Greece"/

/Excerpt/ Two hundred million persons in the world are carriers of hepatitis--many of them chronic--and a large percentage of them are in danger of developing liver cancer which has become a serious problem in certain countries. Among them is Greece where liver cancer is among the most common--a serious health problem for the country since it occurs in a higher percentage than in other countries and seriously affects many sectors. Such are the findings of the organizational committee of the symposium whose sessions started in Athens yesterday and which is organized by the World Health Organization and the International Biological Standardization in cooperation with the National Hepatitis Center of the Athens Health School and under the auspices of the Ministries of Civilization and Health and Welfare.

During a press conference yesterday, Hepatitis National Center President Papaevangelou said that "the problem is indeed greater in our country because the living conditions are not comparable to those in advanced countries. It is a problem of health education and care. In recent years, however, we have improved considerably and hepatitis has decreased significantly."

At this moment, Greece has about 350,000 hepatitis carriers and of the 100 persons who will get hepatitis one will die, 10-15 will become chronic carriers and the rest will be treated.

More Men than Women Carriers

A greater percentage of men are hepatitis carriers than women. According to Communicative Diseases Institute data, 45 percent of women treated in hospitals were infected by their mates while only 12 percent of men are infected by their wives. This increase seems to be greater among homosexuals.

As Papaevangelou noted, 85-90 percent of adult Greeks had--at least up to a few years ago--type A hepatitis even though they did not know it and had become immune. This condition continues today in the villages while in the cities it occurs less due to improved living conditions.

For type B hepatitis things are somewhat different. Thirty out of 100 Greeks have had the disease and have become immune while 4-5 percent carry the virus and will have it all their lives. This percentage is three times greater than that in the rest of Europe.

Four hundred Greeks and foreign experts from all over the world participated in the symposium.

## Hepatitis-Narcotics Addiction Relationship

Athens TA NEA in Greek 18 Nov 82 pp 1, 6

/Text/ Only 5 years ago 1 percent of those treated for hepatitis were drug addicts. Today this percentage is tenfold and proves the vertical increase of hard narcotics and especially heroin. These drugs are taken intravenously and are directly related to hepatitis especially since dirty syringes are used for injection of the drug in several addicts.

Exact statistics do not exist in our country besides those posted by the police which tell but part of the true story. In 20 years of research on Hepatitis, G. Papaevalgelou, chairman of the committee which organized the symposium yesterday, has also made a study of the hepatitis-drug addiction relationship which, even though known in other countries, in Greece was unknown until a few years ago since the number of drug addicts was small. His comparative study has not been published yet but shows that 10 percent of those treated for hepatitis were drug addicts. Of these: 85 percent are men and 15 percent women; 90 percent are single; 70 percent come from low socio-economic classes; and 70 percent had suffered type B hepatitis while 30 percent did not carry any of the two types.

### Innoculation

"These figures do not give the true extent of the problem," noted Papaevangelou, "because all cases are not reported nor are all victims treated in the Communicative Diseases Hospital. The children of affluent families, for example, are treated at home or at expensive private clinics. In any event, we can say that the problem, small as it is now, has a tendency to increase. Something must be done to decrease the number of drug addicts. We could even innoculate them now that we have the vaccine."

Question: What do you do with such drug addicts?

Answer: We call their attention to the fact that they are not completely rid of hepatitis just because they were safely treated for one of its types. Nothing prevents them from being stricken again by another type in which case we do not know what the effects will be on an organism which is weak or is in a high toxic state.

Question: Don't you do anything else to cope with the drug addiction itself? Are there any prospects for treatment by specialists?

Answer: No, no such program exists. Perhaps these disturbing results of the study may prompt the Ministry of Health and Welfare to promote such a program.

7520
CSO: 5400/4706

EXPERTS ASKED TO FIND CAUSE OF ENCEPHALITIS

Calcutta THE STATESMAN in English 1 Dec 82 p 16

[Text] The West Bengal Health Department has asked experts at the School of Tropical Medicine to ascertain the cause of encephalitis and suggest ways of controlling it. According to Health Department statistics 527 people died of encephalitis in the districts of Burdwan, Midnapore, Birbhum and Bankura between August and early November. During the same period, 1,412 people were attacked by the disease in these districts.

About a month ago, two teams of experts from the School of Tropical Medicine had visited some areas in the districts where encephalitis was prevalent in an endemic form. The teams studied cases of attacks and the effectiveness of the vaccine, imported from Japan, in controlling the disease.

Mr Ambarish Mukherjee, Minister of State for Health, said in Calcutta on Tuesday that everybody was still groping in the dark about the cause of encephalitis and its remedy. There had been no proper investigation about its outbreak, which was endemic for more than five years.

It is known that the disease, also called Japanese encephalitis, is caused by virus infection. Some experts believe that the virus is harboured by cattle and pigs and transmitted by mosquitoes to human bodies. It is thought that insanitary condition also helped the spread of the disease. The symptoms of encephalitis are high temperature and headaches and often convulsion. Mr Mukherjee said its treatment was also symptomatic.

He pointed out that the disease did not spread like the other epidemics. There had been occasions when only a single case was reported from a village or a house and there was no spread of the disease in that area.

He said the Government's action in controlling the disease had so far been limited to preventive measures like spraying of DDT and educating the people on precautionary steps like sleeping under a mosquito net.

The disease was most virulent in Burdwan, where during the past three months 689 attacks and 235 deaths from encephalitis had been reported. In Bankura there had been 296 attacks and 161 deaths, in Birbhum 234 attacks and 66 deaths and in Midnapore 193 attacks and 65 deaths between August and October. There had been some encephalitis attacks and deaths in Purulia.

The Minister said that the last case of death from encephalitis was reported from Burdwan on November 23. Since then, not a single case has been reported from any part of West Bengal. Though some people believe that the disease is now under control because of the cold weather, the experts are not so sure about it.

Mr Mukherjee said that at present there was no stock of encephalitis vaccine with the State Health Department. Orders had been placed for the vaccine from Japan. He hoped that a working plan for containing the disease would be prepared soon by the Health Department with the advice of experts.

CSO: 5400/7064

# STATISTICS ON TUBERCULOSIS INCIDENCE IN INDIA GIVEN

Bombay THE TIMES OF INDIA in English 29 Nov 82 p 4

[Text]

BOMBAY, November 28.

THE national tuberculosis programme has not succeeded in controlling tuberculosis which continues to kill about half a million people in India every year, according to medical experts participating in a symposium on "Advances in management of tuberculosis and non-tuberculosis chest infections" held here today.

The symposium, organised jointly by the Maharashtra State Anti-Tuberculosis Association and Synthiko Formulations, aims to make general practitioners aware of the enormity of the problem and to seek their help in the tuberculosis control programme. It also marks the centenary year of the discovery of tubercle bacilli by Robert Koch.

Dr. Baliram Hirey, state minister for irrigation and family welfare, who inaugurated the symposium, said that the state government had a Rs. 1.5-crore plan to eradicate tuberculosis.

Dr. S. P. Pamra, adviser to the Tuberculosis Association of India, said that the association was seeking the help of organisations like the Indian Medical Association in undertaking projects for the treatment, prevention and control of tuberculosis.

The doctors said that the therapy period for tuberculosis had been reduced from two years to nine months with the easy availability of the drug Rifampicin. With several pharmaceutical companies introducing the drug, Rifampicin now costs between Re. 1 to Rs. 2.50 per capsule of 150 mg. as compared to Rs. 6 when it was first introduced in India in 1978, they said.

The incidence of tuberculosis in Bombay during 1982 was 1,00,000, while it was only 23,000 in 1981.

CSO: 5400/7063

## BRIEFS

ENCEPHALITIS IN MIDNAPORE--MIDNAPORE, Nov. 31--With seven more encephalitis deaths in Narayangar and Jhargram sub-divisional hospital, during the past three days, the toll from the disease rose to 63 in the district according to official sources here yesterday. Meanwhile, fresh cases were reported from Shyamsundarpur, Bisrigeria, Kossigunje, Amdanagar and Jhikargar villages in the Debra police station area. The anti-mosquito drive has not been stepped up in most of the areas. A road blockade was organized in Jhargram by the local people demanding adequate preventive steps in the area recently. [Calcutta THE STATESMAN in English 22 Nov 82 p 3]

CSO: 5400/7059

## THREE GASTROENTERITIS INCIDENTS REPORTED

### In South Sumatra

Jakarta KOMPAS in Indonesian 2 Nov 82 p 8

[Excerpts] Palembang, KOMPAS--From 12 September to 12 October 1982 the number of persons suffering from gastroenteritis at the transmigration project at Air Sugihan, South Sumatra, totaled 1,900. Of this group 74 died, 71 required medical treatment, and 1,765 recovered on their own. However, over the past 2 weeks the gastroenteritis attack was successfully contained because of the speed with which first aid was provided by a medical team and because heavy rains fell in the area.

The foregoing statement by the provincial government wss confirmed by a doctor who was a member of the team but who did not wish to be identified by name. However, the doctor warned that, although the gastroenteritis attack in Air Sugihan has abated, there still needs to be improvement in the participation of the people of the area in a preventive campaign.

A sample of the water and food consumed in the area, when subjected to laboratory analysis, showed that the Air Sugihan area is contaminated by two kinds of bacteria which cause gastroenteritis, Vibrio Cholerae and Vibrio Parahagmoliticus. "Therefore, although the situation is now calm, there is still a great possibility that there will be another outbreak of gastroenteritis, although the rainy season has already begun," the doctor said.

He stated that gastroenteritis in this area is connected to the dry season. At the present time the transmigrants get their drinking water from cisterns of rain water, but during the dry season they are forced to use water from trenches in the ground, and wells. A large proportion of such water tastes salty and is ideal for the growth of the two types of bacteria causing gastroenteritis.

### In Central Java

Jakarta KOMPAS in Indonesian 6 Nov 82 p 8

[Excerpts] Purwokerto, KOMPAS--Four regencies in the former Residency of Banyumas have been affected by an outbreak of gastroenteritis. From

January to October 1982, about 2,982 persons came down with gastroenteritis, and nearly 200 persons died.

According to Dr Gatat Suharto, the chief of the Section for Wiping Out and Preventing Contagious Diseases (P3M) in the Banyumas Regency Health Service, an outbreak of gastroenteritis in his area began last January. Over the past 10 months 1,940 persons in Banyumas Regency have been recorded as suffering from the disease, both those treated in community health centers as well as at the Purwokerto hospital. Of those affected about 135 have died. The high point in the gastroenteritis outbreak occurred during the months of June and July. During these 2 months 1,705 persons were recorded as affected by the disease, and 111 of them died.

In Cilacap Regency from June to October 722 persons were registered as suffering from gastroenteritis, 37 of whom died. In Purbalingga Regency, according to data from the local authorities, during the same period about 200 persons were recorded as suffering from the disease, of whom 24 died.

Dr Kuntoro, the chief of the Banyumas Regency Health Service, considers that the death figure for those suffering from gastroenteritis is not particularly high. Dr Kuntoro said: "This is because the figure is still less than one percent." The type of gastroenteritis which spread in Banyumas was of the "Yogawa" variety, which is not as serious as the "El Tor" variety.

## In North Sulawesi

Jakarta SINAR HARAPAN in Indonesian 2 Nov 82 p 3

[Excerpts] Manado, 1 November--The contagious disease gastroenteritis in Manado, Minahasa, and the Sangihe Talaud Islands has caused 14 deaths, but the outbreak is now being handled by a special team for treating the disease in Nanusa District near the border with the Philippines.

The team was brought to Karatung Village, Nanusa District, in the Regency of the Sangihe Talaud Islands by the Indonesian Navy Ship "Multatuli" (the flagship of the Nusantara Squadron Command). The team spent a week there, treating the gastroenteritis epidemic, which affected 87 persons out of the 113 cases whom they treated.

In addition to working to wipe out gastroenteritis during the week they were there, they distributed medicine without charge to the local people and worked to wipe out malaria in three other villages in Nanusa District.

In Minahasa Regency and the city of Manado over the past 3 months there have been 444 cases of gastroenteritis recorded, with most of them encountered in Likupang and Wori Districts (in Minahasa Regency) and North Manado District in the city of Manado.

As of the present gastroenteritis has been eliminated. According to the most recent data, of the 557 cases of gastroenteritis in the three regions 14 persons have died (12 in Manado and Minahasa Regency and 2 in the Sangihe Talaud Islands).

5170
CSO: 5400/8411

## TWO OUTBREAKS OF MEASLES REPORTED

### In Central Java

Jakarta HARIAN UMUM AB in Indonesian 2 Nov 82 p 2

[Excerpts] Purbalingga--From the middle to the end of October an outbreak of measles in Karanganyar District of Purbalingga Regency has caused the death of 13 persons, most of them children.

Information obtained by HARIAN UMUM AB states that the measles epidemic broke out in Maribaya and Kertanegara Villages. In Maribaya Village nine persons died, two of whom were adults. In Kertanegara Village the authorities confirmed that four children died as a result of the disease.

In general the persons who died from the disease died at home. None of those who died had been taken to the nearest doctor or community health center, because the people considered that measles were not a dangerous disease. The Karanganyar Community Health Center was rather surprised when it received the report of the deaths from journalists who came to the village. Although there were many people who came down with the disease, the community health center had not received any report of an outbreak of measles in the area under its jurisdiction.

### In Kalimantan

Jakarta KOMPAS in Indonesian 3 Nov 82 p 8

[Text] Samarinda, KOMPAS--In addition to hemorrhagic fever (DHF) and gastroenteritis, whose incidence has gone up over the past 3 months, the people of the city of Samarinda continue to be affected by measles.

According to available figures, measles is the disease which most affects children in Samarinda Seberang and Sambojo Districts. At the same time hemorrhagic fever and gastroenteritis have affected many people in Samarinda Ilir District.

Information obtained from the Samarinda City Health Service indicates that out of 46 persons suffering from measles in Samarinda Seberang District 20

died. Meanwhile, 60 persons suffering from measles in Samboja District were successfully treated.

This disease affects children who are malnourished. The health authorities have encountered obstacles in dealing with it because some of the local people still believe that measles cannot be treated by injections. The people treat those suffering from measles in the traditional way by bathing them with coconut milk.

At the same time the people try to hide those suffering from the disease when a team of doctors comes to their area. In Samboja District the team was forced to ask for police assistance to "persuade" the people to bring their children to the doctor.

Hemorrhagic fever (DHF) has broken out in several places. During the period from August to October five persons were recorded as having died from it. To deal with the disease, last 24 October there were mass innoculations in Samarinda Ilir, Samarinda Ulu, and Samarinda Seberang Districts.

Gastroenteritis, which usually reaches its peak during the dry season, is also a threat to the people. From last August to September about 700 persons were recorded as suffering from the disease, but 13 of them were not treated [as published; may mean that 13 died].

5170
CSO: 5400/8411

## BRIEFS

GASTROENTERITIS IN WEST JAVA--It was reported that by Sunday [10 October] at least 15 residents of Bandung Regency had died of gastroenteritis. The outbreak of gastroenteritis in many areas of Bandung City and Regency has since Thursday [7 October] caused hospitals in the two regions to be deluged with patients needing treatment. A doctor on duty at the Muhammadiyah Hospital, who met with HARIAN UMUM AB on Sunday afternoon, said 41 patients were still being treated since their task force would not allow them to be released that day. HARIAN UMUM AB, which is monitoring several hospitals in Bandung City, reported that gastroenteritis patients continued to pour in from Bandung City and Regency as of Sunday. According to information received from an official at the Hasan Sadikin Hospital, 15 to 17 gastroenteritis patients have been received per day since the beginning of October. He also reported that from 350 to 450 patients were under treatment for gastroenteritis in Bandung City and Regency hospitals. Dr Umbaran, chief of the Bandung Regency Health Service, said the gastroenteritis outbreak had been predicted earlier for Bandung Regency in particular. According to Dr Umbaran, gastroenteritis occurs in Bandung City and Regency during the transition period between the dry and rainy seasons. He said gastroenteritis ordinarily will spread in Bandung Regency during the months of April and October, and this has been borne out by the outbreak of gastroenteritis in areas such as those mentioned above. Responding to a HARIAN UMUM AB question, Dr Umbaran said because of the earlier prediction, the Bandung Regency Health Service very early had readied medications, in particular for treating gastroenteritis, and they had been distributed to public health centers. [Excerpts] [Jakarta HARIAN UMUM AB in Indonesian 11 Oct 82 pp 1, 7] 6804

GASTROENTERITIS IN CENTRAL JAVA--Since early October, 10 persons died and 27 others required hospital treatment due to an outbreak of gastroenteritis which spread in Makam Village, Rembang Subdistrict, Purbalingga. Dr Budiardjo, chief of the Rembang Subdistrict Public Health Center, said gastroenteritis was first encountered around the end of September. The new outbreak period peaked 1 and 4 October and resulted in the deaths of six Makam Village residents and eight others were treated at the hospital. In only a few days gastroenteritis had attacked almost all of Makam Village which has a population of about 2,000. As of Thursday, 7 October, it had spread to 188 persons. According to Dr Sutarno, regent of Purbalingga, a health service investigation found that gastroenteritis spread in Makam

Village because river water was used for daily needs, particularly during this year's extended drought. Many Makam Village residents dug into the Karang River bottom to obtain water for their household needs. However the people were not aware that the river water had been contaminated with gastroenteritis germs. [Excerpts] [Jakarta KOMPAS in Indonesian 9 Oct 82 p 8] 6804

GASTROENTERITIS IN IRIAN JAYA--On Thursday [7 October] 32 residents of Iwur Village, Oksibil Subdistrict, in the eastern part of the Jayawijaya region which borders on Papua New Guinea, were reported to have died apparently of gastroenteritis. On Saturday [9 October] Dr M. Zaini, chief of the Jayawijaya Health Service, explained that he had received a report on this matter from Otto Kasibmabin, chief of the Oksibil Subdistrict PUSKESMAS [public health center], but the local PUSKESMAS chief is making a further check on a report received from the head of the village which gave other figures for the number of victims. To check on how the situation is being handled, Dr M. Zaini on Friday formed a rapid deployment team consisting of five nurses headed by the Oksibil PUSKESMAS chief who took a full supply of drugs with them to the site. Traveling by foot from Oksibil to the site and back will take 6 days. Dr Zaini further stated that the drug supply in Oksibil is adequate to take care of the situation. Moreover if the check proves the gastroentiritis outbreak is of epidemic proportions, a doctor will be sent by air from Wamena to the site. The chief of the Jayawijaya Health Service also said a report was received at the end of September from Abmisibil and Borme Villages (the areas hit by the 1976 earthquake) that 20 persons had died and 247 were ill with gastroenteritis accompanied by bleeding. He said the cause of the disease has not yet been definitely ascertained and an investigation is currently underway. However it clearly is not cholera, Zaini said. The team handling the disease under the leadership of Dr Andi Sutanto in these two villages conducted a mass medication program and were able to save the victims. The 20 persons died reportedly because treatment was started too late or because of communication problems. In August, September and October gastroenteritis ran through the population of the three subdistricts east of Jayawijaya: Oksibil, Kiwirok, and Okbibah. It is believed the disease broke out because of the extended drought which has brought out many flies. [Text] [Jakarta SINAR HARAPAN in Indonesian 11 Oct 82 pp 1, 12] 6804

GASTROENTERITIS IN SOUTH KALIMANTAN--Since early July, it has been recorded that 3,147 persons in South Kalimantan have suffered from a gastroenteritis epidemic, 106 of whom died. One of the regencies in this area had a greater number of cases than the others and moreover the mortality figures for the disease were higher, Dr Masrifin, chief of the Level I South Kalimantan Department of Health Regional Office P2M (Contagious Disease Control) Subservice, told SINAR HARAPAN on Wednesday afternoon [29 September] in his office. He added that the figure of 1,144 gastroenteritis victims in Barito Kuala Regency included 67 persons who died. Barito Kuala is a trouble spot where gastroenteritis epidemics frequently occur because its residents generally use river water. [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 1 Oct 82 p 12] 6804

GASTROENTERITIS, DENGUE IN EAST KALIMANTAN--Since July the number of gastroenteritis cases in Samarinda has increased. To date 520 cases of gastroenteritis have been reported, 163 of them being treated at the Samarinda General Hospital and 357 being treated on an outpatient basis. The increase in the number of gastroenteritis cases is due to the extended drought and in particular to the increasing pollution of the Karang Mumus River which runs through the eastern part of Samarinda City. Dr H. Soepangat, chief of the Samarinda City Health Service, considers the Karang Mumus River pollution serious because its water usually is the source of gastroenteritis epidemics particularly for the people of Samarinda Ilir Subdistrict where gastroenteritis ordinarily spreads each year from July to about November. To date the Karang Mumus River is being used for the daily needs of the people of Samarinda Ilir Subdistrict. In addition to gastroenteritis, the people of Samarinda City are also threatened by hemorraghic fever, Dr Soepangat said. Thirty-six cases with nine deaths were recorded for the three subdistricts of Samarinda City. [Excerpts] [Jakarta MERDEKA in Indonesian 7 Oct 82 p 4] 6804

TYPHUS IN MEDAN--At the end of September nine PERUMNAS [housing area] Medan II residents died of typhus which ran through the area. Dozens of other persons are still being treated in various places. Meanwhile the Medan City Health Service has not yet investigated the cause of the disease, a MERDEKA correspondent reported. A MERDEKA source at the Dr Pirngadi Hospital in Medan said it is certain that the cause of the disease lies in PERUMNAS Medan II water. Potable water provided by the Tirtanadi Waterworks in Medan is distributed to that site unfiltered. Construction of filtration basins for which foundations were laid several years ago has not yet been completed. PERUMNAS residents now take more care in using the water. They are convinced the source of the disease is the water because the water supplied by Tirtanadi Waterworks from its dirty collection basins is very dirty. [Excerpts] [Jakarta MERDEKA in Indonesian 9 Oct 82 p 4] 6804

DENGUE FEVER IN WEST JAVA--The West Java Health Department Regional Office admits to having received reports from its area personnel on the spread of hemorrhagic fever to all of West Java. Because the disease has spread, 21 persons died and hundreds of others have contracted this contagious disease, Dr Tjahya Martaprawira, an official of the West Java Health Department Regional Office, told participants in a contagious disease symposium on Saturday evening [9 October] in Bandung. He admitted that hemorrhagic fever is increasing from year to year in his area. For example, in 1974-75 when the disease first occurred in West Java, 34 cases were recorded with 8 deaths. The following year the number of cases increased although the number of deaths dropped because control measures were taken rapidly. In 1974-75 about 30 percent of the victims died but in 1982 the number was relatively small, only 21 of the 206 victims died. [Excerpt] [Jakarta MERDEKA in Indonesian 12 Oct 82 pp 1, 11] 6804

RABIES IN WEST JAVA--Rabies is now spreading in Karawan Regency, West Java, but no deaths have occurred even though this is a life-threatening disease. H. Opon Sopandji, regent of Karawang, who disclosed this information in his

welcoming address at the closing ceremony for the development exhibition recently, said owners of dogs were advised to have their dogs vaccinated immediately at the Animal Husbandry Service. Those who have been bitten by dogs were asked to contact the nearest health service as soon as possible. [Excerpt] [Jakarta MERDEKA in Indonesian 14 Oct 82 p 4] 6804

DENGUE FEVER OUTBREAK--From January to October 1982, there were 1,465 persons in Riau Province who were affected by "Dengue Fever," the fever which is caused by the "Dengue" virus. The Community Relations Section of the Riau Province Regional Health Office has noted that Dengue Fever affected three regencies, Inderagiri Hulu, Bengkalis, and Inderagiri Hilir, during the period from May to October. Inderagiri Hilir Regency recorded the fact that 899 persons came down with the disease in 7 districts of the regency. In Bengkalis Regency 494 persons were affected, localized in a single district. The area least affected of the 3 was Inderagiri Hulu Regency, with only 82 persons suffering from the disease and localized in a single district. The initial infection by the Dengue virus confers immunity on the person affected. If the patient with this immunity is then affected by another type of Dengue virus (there are four varieties), there is an opposite reaction which is called an "antibody antigen reaction," and there are signs of another kind of fever accompanied by hemorrhaging which is called Dengue Hemorrhagic Fever (DHF). This condition is often followed by the person's going into shock (DSS--Dengue Shock Syndrome), and this is what causes the person to die. [Excerpts] [Jakarta MERDEKA in Indonesian 13 Nov 82 p 4] 5170

DIARRHEA OUTBREAK IN WEST JAVA--Toward the end of the dry season and as the rainy season began, there have been "outbreaks" of diarrhea in several places in West Java. Up to the end of October 1982, 16,358 persons were listed as affected, of whom 133 died. According to a statement of the head of the subsection of the Contagious Disease Center (P3M) in West Java, Dr Gunawan, who spoke to SINAR HARAPAN on 4 November, the "outbreak" of diarrhea particularly affects three cities in the province, Karawang, Garut, and Sumedang, in addition to Bandung Regency. In Karawang 3 deaths were listed out of 116 persons affected up to the end of September. Then in October there were 78 cases. In Garut in October 225 persons were affected, of these 5 died. One person died while being treated and four persons died in the country because they delayed too long in obtaining treatment. From January up to the end of September 1982, in Garut there were 2,215 persons affected. Later, during the "outbreak" in October 225 additional persons were affected. In Bandung Regency, up to the end of September 2,007 persons were affected, and 22 persons died. In Sumedang up to the beginning of October 156 persons were affected, of these 2 died. [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 8 Nov 82 p 3] 5170

VENEREAL DISEASE INCREASE--According to an official of the Contagious Disease Center (P3M) in West Java, Dr Dadi S. Argadiredja, Karawang, Subang, Sumedang, Serang, and Bandung are the areas with the largest number of persons suffering from venereal disease. In his statement to SINAR HARAPAN on Wednesday 10 November, he said that there are persons suffering from venereal disease in areas other than the five listed above, but in general only at the average level for the 24 regencies in West Java. In 1980-1981 the number of persons affected by venereal disease was listed at 15,745, of these people with gonorrhea totaled 11,257 (98 percent); syphilis, 133; and other venereal diseases, 2,006 (2 percent). [Excerpt] [Jakarta SINAR HARAPAN in Indonesian 15 Nov 82 p 3] 5170

SOUTH KALIMANTAN CHOLERA DEATHS--In the province of South Kalimantan 64 districts are positively confirmed as having been affected by cholera, and during the dry season up to the beginning of October 153 persons are recorded as having died out of the 4,459 persons afflicted by the disease. The death figure reached 3.43 percent, but as of the end of September an effort continued to be made to reduce this figure below 3 percent, according to Dr Fauzi Darwis, of the provincial government health service. He said that up to the present diseases which are spread through water are still a community health problem. Intestinal diseases like cholera and gastroenteritis are the result of using water which does not meet health standards. During the dry season in the city of Banjarmasin there were 1,713 persons with intestinal diseases, of whom 30 died. The largest number of deaths occurred in Barito Kuala Regency, where 70 persons died. The chief of the local health service, M. Ismoen, states that South Kalimantan is generally an area where cholera is endemic, or where the total number of cases is higher than in other areas. [Excerpts] [Kakarta SINAR HARAPAN in Indonesian 11 Nov 82 p 3] 5170

CSO: 5400/8411

INCREASE NOTED IN CERTAIN TYPES OF BIRTH DEFECTS

Tel Aviv YOMAN HASHAVU'A No 28, 22 Oct 82, p 37

[Article by Ziv Cooper: "In the Past 3 Years the Incidence of Birth Defects has Increased in Israel"]

[Text] Approximately 1600 infants are born each year with various defects out of 90,000 births including the Arab sector and East Jerusalem. Among the defects are some especially serious cases of infants born without hands and feet or missing some of their limbs. Regarding this data on infants without extremities, arms or fingers, there has been a worrisome increase in the past 2 years. Whereas in 1980 only 7 infants were reported in all the hospitals in Israel with this defect, in 1981 20 cases were reported, and in the first half of 1982, including the month of June, 9 cases of infants without extremities or with foreshortened limbs were reported.

According to the experts, there is no explanation for this increase in defects. They are trying to reassure the public that the statistic of the past 2 years in Israel which shows 2 or 3 infants without hands and feet for every 10,000 infants is a general worldwide statistic. Also, the Ministry of Health has not conducted an actual investigation nor has it examined the reasons for this phenomenon of births of infants without hands or feet since, generally, other symptoms go along with this phenomenon.

Last week such an infant was born in Sheba Hospital who, in addition to missing hands and feet and having a distorted body, was also missing part of the lungs. The baby died hours after birth. Even senior physicians were shaken when they saw the deformed baby. The unfortunate parents who discover that their baby has a defect are not to be envied. Even in very mild cases, the parents are not told immediately about defects to avoid shock. In severe cases, there is an established procedure for preparing parents for the bad news. Some of these babies remain in the hospital and are never taken home by the parents. After a time, they are either given up for adoption or are sent to appropriate institutions.

Dr Annat Kalir, head of the Dept of Maternal and Child Health in the Ministry of Health, has been collecting data since 1976 from all the hospitals in Israel about babies born with defects. Dr Kalir told the reporter of YOMAN HASHAVU'A that the phocomelia (a term derived from the word for the seal

whose hands and feet are short) is a widespread phenomenon whose causes are unknown. In 1971 there was a fear in Israel of a substantial increase in this phenomenon. In that year, 31 infants without hands and feet were born in Israel. Investigations conducted by the Health Ministry did not uncover anything, and the fear that it was caused by pills or medications harmful to fetuses was dismissed.

Professor David Sar, head of maternity of Sheba Hospital, told the reporter for YOMAN HASHAVU'A that the deformities-birth defects-comprise roughly 1 percent of all births. But if we also include hereditary diseases which are discovered later, then the percentage is higher. Epilepsy, for example, cannot be detected until several months after birth.

Professor Sar says, "Today, by means of amniocentesis and x-rays, we can find some of these cases early enough to allow for an abortion. In special cases, this can be done as late as 22 weeks after pregnancy begins."

Professor Sar adds that in those cases where the mother has diabetes or rubella, babies with defects are likely to develop. On the other hand, all medications marketed in Israel have passed the most rigorous tests before being released for use. Professor Sar says that there is no danger in Israel of an incident like that of thalidomide, the drug which caused women who took it to give birth to children without limbs.

Professor Sar presents the data from Sheba Hospital. "In January, 10 babies were born with various defects out of 327 births. Some of these defects which could not be predicted before birth can be repaired surgically and the baby helped to lead a normal life.

The following is a list of infants born in Israel according to types of defect:

Infants born with deformities of the head, without a forehead or with part of the skull missing-12 cases annually; spinal column open or not fully closed-16 per year; defects of the cerebral tube connected with the development of the nervous system which causes an accumulation of fluid in the head and known as "hydrocephalus"-12 cases per year ("this phenomenon," says Professor Sar, "can be discovered in time by means of amniocentesis").

Cases of small heads, infants whose brain capacity is small-16 cases per year; open skull-12 cases per year; eye defects (one eye is small or missing eyes)-4 cases annually; lens of the eyes glazed-20 cases; ear defects (small ear or no ears)-4 cases.

Infants with heart defects-228 per year; suspicion of defects alone 152 per year ("30 to 40 percent of all infants with heart defects die in the first week of life," says Professor Sar, "but many can be saved by surgery"); cleft palate and harelip-72 cases each year; infants without an esophagus or with part of one or a narrow one-8 cases; infants with a narrow bottom or without an anus (surgically repairable)-4 cases.

Webbed fingers-48 cases; extra fingers (6 or more)-64 cases; absent limbs or foreshortened limbs-20 cases per year; dislocated hip (if this is detected early, chances are good that the baby will be able to walk normally)-about 340 cases of actual or suspected dislocation; defects in the testicles (undescended testicles or fluid in the testicles)-220 cases; (*) Down's syndrome (Mongoloidism)-84 cases; other serious defects connected with genetic phenomena like undeveloped sexual organs, long hands and feet, head without a neck, hirsutism-24.

These statistics are based on the statistical average of 3 months in 1982. There may be a slight deviation here or there, but generally, the data reflect reality. The question may be asked, why not send every woman for ultrasound tests and, when a defect is found in the early stages of pregnancy, counsel about abortion or premature birth? Then the first question of the mother after her baby's birth would not be, "Doctor, are all the fingers there and is everything normal?"

[Chart]

Chances of Giving Birth to a Defective Child

What are the chances of giving birth to a baby with Down's syndrome (Mongoloidism)? Professor Sar from Sheba Hospital has provided the following data:

Woman age 20-1 chance in 2000 births
Woman age 37-1 in 100 births
Woman age 40-1 in 75 births
Woman age 42-1 in 50 births

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(*) male urethral opening in the wrong place (an operation is performed which is almost always successful)-220 cases

9348
CSO: 5400/4503

## BRIEFS

RABIES INCIDENCE--If there is no cooperation on the part of dog owners in Jerusalem, the rabies outbreak is likely to spread in the city and be unstoppable. The municipal veterinarian in Jerusalem, Dr Tommy Shadakh, issued that warning yesterday. In recent weeks several rabies infected animals were discovered in Jerusalem. About 3 weeks ago, an infected wolf, got into the 'Rassco' neighborhood and was found by residents on the fourth floor. Last week another infected wolf was found in the Bukharin neighborhood. In that same week, a resident of Bethlehem reported that his infected dog had bit him. The public veterinarian asked the public yesterday to vaccinate their dogs if they are not yet vaccinated to prevent the "dubious pleasure of destroying dogs." Due to the danger of rabies, the municipality of Jerusalem will continue to capture or destroy dogs wandering around without their owners or unmuzzled. The municipality of Jerusalem is also requesting that the public report every incident of an animal who is suspected of having rabies. "The reservoir of the disease is in wild animals," the chief veterinarian said. "Since dogs are the connecting link between wild animals and human beings, the public has the responsibility to prevent the spread of the disease among dogs and on to humans." [Text] [Tel Aviv YEDI'OT AHARONOT in Hebrew 25 Oct 82 pp 1, 7] 9348

CSO: 5400/4503

## BRIEFS

CHOLERA DISEASE--Four new cases of cholera were reported in Seremban today. The four were relatives of the 7-year-old child, who was confirmed to be suffering from the disease on Wednesday [22 December]. The Negeri Sembilian deputy health director again reminds members of the public to take the necessary health precautions to prevent the spread of the disease. He says efforts are being made to declare Seremban a cholera-infected area. [Text] [BK251654 Kuala Lumpur Domestic Service in English 1130 GMT 24 Dec 82]

CSO: 5400/4351

## BRIEFS

CAMPECHE MALARIA CASES--Campeche, Camp., 26 November--During the past 2 months 41 cases of malaria have been detected. The malaria is caused by the "plasmodium" mosquito, which causes irreversible damage, including death. Dr Wilberto Escalante, chief of the Coordinated Health Services in the state, said that a continuing campaign has therefore been undertaken to combat the transmitter of the disease. [Text by Jorge Gonzalez Valdes] [Mexico City EXCELSIOR in Spanish 27 Nov 82 p 8-D] 8255

OAXACA, CHIAPAS 'ONCOCERCOSIS'--Oaxaca, Oax.--Raul Carrillo Silva, chief of the state's Coordinated Public Health Services, said that the dreadful oncocercosis disease is being duly controlled throughout the state. He added that, thanks to the continuing campaigns that have been undertaken by the Secretariat of Health and Assistance, it has been possible to rid all of the Juarez mountain area of the dreadful disease, an area where it was decimating the population. He added that the cases of entire towns with problems of blindness and cerebral disorders propitiated by oncocercosis, have been treated successfully and at present there are only very isolated cases. Carrillo Silva said that oncocercosis is caused by the oncocercoso mosquito, but that this insect has already been eliminated throughout the entire area, thanks to continuous campaigns to extinguish it. The health official announced that the department in charge of carrying out the campaign against this disease has been transferred to Chiapas, because the dreadful disease is still in existence in that area. [Text] [Tuxtla Gutierrez LA VOZ DEL SURESTE in Spanish 12 Nov 82 pp 2, 13] 8255

CSO: 5400/2028

## BRIEFS

CHOLERA OUTBREAK--A communique from the national directorate of preventative medicine states that people should avoid going to the districts of Gaza Province between Manhica and Magude and to Moamba in Maputo Province as they have been hit by a cholera outbreak. The communique also states that health education, strict observance of personal and collective rules of hygiene and thorough treatment of water should be enforced and observed by the people in order to eliminate the disease. [Text] [EA270534 Maputo Domestic Service in Portuguese [no time or date given]]

CSO: 5400/117

HYGIENE REGULATIONS FOR EXPORT MEAT TERMED COSTLY SHAM

Wellington THE EVENING POST in English 4 Nov 82 p 19

[Article by Peter Bale]

[Text] **HAMILTON, Today. Meat hygiene regulations were exposed yesterday to 70 overseas, mainly EEC, agricultural journalists as often little more than a costly sham.**

The regulations are seen by industry leaders as a tacit tariff, pushing up the price of New Zealand meat exports through high inspection costs and the dumping of healthy carcasses.

In a speech obviously directed at European delegates to the New Zealand congress of the International Federation of Agricultural Journalists, microbiologist Dr Colin Gill attacked the regulations imposed by other countries as "suspect" and based more on "folklore" than evidence.

Addressing the congress at the Meat Industry Research Institute at Ruakura yesterday, Dr Collins did not dispute the need for meat inspection or the setting of minimum standards for slaughterhouses, but said that far too often regulations were imposed and legally binding without being tested and were based on a lack of understanding of animal and bacterial physiology.

The cost of inconvenience of the regulations had prompted the institute to examine the basis for, and effects of, them. Requirements for fully drained carcasses, full evisceration within minutes of slaughter and bruising were all areas in which misconception about the behaviour of bacteria led to the condemning of many healthy and costly carcasses, Dr Collins said.

## Impractical

Among the more impractical requirements was that the visceral lymph nodes of healthy animals be cut open and examined for symptoms of tuberculosis.

Cutting the nodes open in search for other diseases was of dubious value when it almost ensured the spreading of salmonella also likely to be present in the nodes, but hygenically encapsulated until opened, said Dr Collins.

"Until proper quality control and the need for testing regulations before they are introduced is appreciated we are likely to see more regulations of dubious value introduced," said Dr Collins.

"Since the whole process is supposedly for the consumers' benefit we must have some responsibility to ensure that they receive real value for their money."

CSO: 5400/9094

## BRIEFS

REDUCED HYDATIDS TOLL--The rate of new hydatids cases has dropped from 31.7 per million of population in the period from 1958=61 to 6.4 cases per million in 1980. Hydatids has killed 236 New Zealanders in the past 30 years. Statistics in the National Hydatids Council annual report show that between 1948 and 1980, 1797 cases were admitted to hospital, the highest number being in 1953 (103) and the lowest in 1979 (19). Liver-based disease was the biggest killer, followed by cases in the lung. The highest rate of admissions was in the Taumarunui Hospital Board district. Hydatids patients tend ot have a longer than usual stay in hospital, 28.7 days. The average for all patients is 12.5 days. [Text] [Wellington THE EVENING POST in English 9 Nov 82 p 4]

CSO: 5400/9093

# HOUSE CALLS, IN-HOME CARE SHOULD BE PROMOTED

Beijing JIANKANG BAO in Chinese 19 Sep 82 pp 1, 2

[Article by Ding Youhe [0002 2589 0735], Luo Yiqin [5012 4135 0530] and Chen Xiaofeng [7115 2556 2800]: "An Investigation Concerning the Development of Making House Calls and In-Home Care by Urban Hospitals"]

[Text] In recent years, there has been a gradual increase in the development of hospitals engaging in house calls and in-home care in many cities. This is an important new development in public health work. Recently, we conducted an investigation concerning this problem in the Dongcheng District of Beijing and we also reviewed data fro Beijing, Tianjin and other cities in order to write this report.

## Characteristics of developing house calls and in-home treatment

In Beijing, it is very difficult for elderly persons who are ill and who cannot move about easily to visit a doctor. Some have to be brought on stretchers, some come on bicycles and some are brought in baby carriages. In particular, there are some chronically ill persons who require long periods of treatment and who cannot remain in the hospital who must be accompanied by several persons when they come into the outpatient clinic. This places a heavy burden on their units and family members. A number of medical personnel who have observed such situations took the initiative in raising the question of sending people to these patients' homes to treat them. With the support of the leaders of the hospital and the specialized departments, house calls and in-home care began to develop. The characteristics of this development are:

1. Large, medium-sized and small hospitals have all developed this type of work. Larger municipal hospitals include the Jishuipiao Hospital, the Youyi Hospital and the Chaoyang Hospital. Medium scale district hospitals include the Gulou Chinese Medical Hospital and the Longfu Hospital. Street level grass-roots hospitals include the Dongzhimenwai Hospital and the Tiyu Guanlu Hospital. 2. Many clinical departments have developed house calls and in-home patient care. 3. The subjects of service are for the most part persons suffering from chronic illnesses such as residual symptoms of cerebrovascular accidents, coronary heart disease, cardiopulmonary disease, hypertension, severe arthritis and advanced stages of cancer. 4. A number of simple and easy to effect management systems have gradually been established. For example, a system has been stipu-

lated for the conditions under which medical personnel will participate in making house calls and performing in-home care and for periodic rotation of personnel. Some of the participating personnel make house calls in addition to their regular work, going out several times regularly each week. Others belong to a small group of people who engage exclusively in this work. Case history files have been established. Methods have been put into effect for giving the necessary technical guidance, holding consultations and rotation of consultations. A uniform fee standard and methods for collecting fees have been stipulated.

Advantages for developing house calls and in-home care

In view of the conditions in Beijing, there are the following four advantages.

1. It is possible to reduce the discomfort and distress of some chronically ill patients in coming to the hospital for outpatient treatment and thereby to achieve better therapeutic effects.

2. It lightens the work load and the economic burden on the part of the family members and units of the patients. When the Dongzhimenwai Hospital reckoned accounts, they found the following. Over a 2-year period, the Acupuncture and Moxibustion Departments of the hospital treated 57 patients with hemiplegia in their homes. An average of three treatments per week was given, with each person being treated for a 10-month peirod. If they had come to the hospital outpatient clinic for treatment, each would have had to have been accompanied by two persons each time. There would have been a very great economic burden as the result of their not participating in production on working days and of the costs of transportation of the patients to the hospital.

3. It relieves the problem of the insufficiency of hospital beds. At present, the insufficiency of hospital beds is a widespread problem. Tianjin is a city in which in-home care developed comparatively early and comparatively well. Throughout the city, there are more than 80 neighborhood hospitals and some hospitals that have developed in-home care. There are more than 13,000 patients who receive good medical treatment without having to leave their homes. In this way, it is not necessary to increase investment in basic construction. Methods using existing manpower and conditions to undertake in-home care, actually, has increased the number of hospital beds, to satisfy the needs of some chronically ill patients to be "hospitalized" and to lessen the problem of the insufficiency of hospital beds.

4. Developing and training medical personnel to have a wholeheartedly good work attitude toward ill persons. Going out on house calls and performing in-home care is hard work and the patients must be visited regardless of severe heat and cold, or wind and snow. Many people look after patients with meticulous care without regard to fame or advantage for themselves. In cases in which patients lack care, they regularly bring medicine to them, prepare medicines for them, feed them, give them water to drink, take care of their bedpans, comb their hair, and bathe them. These actions and their work style deeply move the patients, the members of their families and their neighbors. The masses have written letters praising them as "good doctors cultivated by the Communist Party." Through the development of house calls and in-home care,

medical personnel have received a good deal of training and education and the relationships between hospitals and patients have become more harmonious. This has also been beneficial in establishing good medical ethics and a good work style among medical personnel.

Some problems that must be solved

Urban hospitals have developed house calls and in-home care to meet the needs of society. This has developed on a social basis and is in keeping with the national conditions and medical tradition of our country. Hospitals have developed house calls and in-home care on the basis of outpatient service and wards. The service of our hospitals is being perfected. This is an important reform in the work of our nation's urban hospitals and should be vigorously promoted. At the same time, we must see that house calls and in-home care are not expedient measures but that they are long-term social requirements. Even if there is an increase in hospital beds in the future, this form of medical care will still be needed by some ill persons. Its functions are ones that the outpatient and ward services of hospitals cannot replace.

In order for house call and in-home care work to be developed even better, we believe that the following problems must be solved.

1. Hospitals at various levels with sector tasks and street level grass-roots hospital in particular should make development of house calls and in-home care one of their major tasks. The fact that there are elderly, chronically ill patients and patients who cannot move about conveniently and who do not have anyone to look after them should be regarded as major defects and inadequacies in our medical and public health work. House calls and in-home care make up for this deficiency. Urban hospitals at all levels must assure the development of this work in all of its aspects including leadership, organization and management systems. At the same time, they must intensify education and do good ideological work to deal with such misgivings on the parts of some medical personnel as fear of dirt, fear of fatigue, fear of going out to treat accident victims and fear of affecting technical improvement. When this type of work is being developed, a great hue and cry should not be raised. As conditions ripen and grow, from the outset, one should build in a feasible basis so that development can be maintained over a long period.

2. Working methods should be adapted to local conditions, varied forms should be allowed and everything should not be done in the same way. The targets of service of many hospitals are patients in the region under the jurisdiction of the hospital or live in the vicinity of the hospital. Thus, making house calls does not involve traveling a long way, the task that is undertaken may not be very great and the labor power expended may not be very great, making it easy to manage. The targets of service of some hospitals and departments may be ill persons in contract units who are not confined to their immediate areas.

The tasks assumed by various types of hospitals and departments should differ from each other. The tasks assumed by large and medium-sized hospitals can be decreased somewhat, while the tasks borne by small hospitals and particularly by street level grass-roots hospitals can be increased somewhat. The tasks borne by the various clinical departments of a hospital can also be varied.

The concrete working methods can also be adopted in keeping with the characteristics of a hospital on the basis of differing conditions in the hospital. There can also be various different types of working methods in a hospital.

3. We must strengthen management, formulate methods for outside work and calculate the amount of outside service work on a rational basis. Commendation and awards should be given to those who make outstanding accomplishments. Fixed material conditions and allowances for outside work should be provided on the basis of differing conditions.

4. Rational fee standards for medical treatment and reimbursement methods must be established. The following conditions must be considered in regard to standards for collection of fees. (1) House call fees should be higher than outpatient service fees and there should be differences depending on the distance traveled. (2) Hospitals under the ownership of all the people and hospitals under collective ownership can have different standards for collection of fees. (3) The standards for fees of drugs, treatment and examinations should be the same as for outpatient service fees. (4) In regions in which two fee standards are applied, there should be two methods of fee collection who patients who pay their own fees on the one hand and patients who receive free medical service or whose medical treatment is covered by labor insurance. In conjunction with the development of this type of work, there must be some corresponding changes in the methods for handling reimbursement for free medical care and medical care provided by labor insurance. For example, it may be agreed that reimbursement should be allowed for the costs of medicinal drugs for patients treated through house calls and in-home care. Some chronically ill patients who have difficulty in moving about and need long-term treatment may be permitted to transfer their in-home care to a local medical facility so that they can be closer to the source of treatment.

5. Gradual improvement should be made in the treatment equipment for house calls and in-home care. At present, we should stress proceeding from reality and provide the needed medical equipment to the medical personnel. As the work develops, each hospital should as far as possible provide even more conditions for house calls and in-home care such as solving the problem of means of communication and increasing the numbers of such medical equipment as electrocardiographs, portable X-ray machines and plaster boxes. In this way, the scope of treatment can be expanded and the quality of medical treatment can be assured.

In summary, developing house calls and in-home care is essential and feasible. Combining this with existing area health care systems, makes it possible to perfect urban grass-roots health care work in our nation to an even greater degree so that it forms an area health care system having characteristics unique to our nation. Thus, grass-roots public health care work in our nation will be able to enter a new stage and will play an even greater role in protecting the health of the people.

10019
CSO: 5400/4102

COLLECTIVE OWNERSHIP OF MEDICAL FACILITIES URGED

Beijing RENMIN RIBAO in Chinese 7 Oct 82 p 3

[Article: "We Should Adopt a Variety of Ways To Speed Up Construction of Public Health Facilities"]

[Text] At the 12th Plenum of the Party, the great task was proposed of creating a comprehensive new program of modernized socialist construction. The question of how public health facilities will meet this demand and achieve a more widespread and rapid development is one deserving of our serious study.

In the more than 30 years since the founding of the nation, great achievements have been made in constructing public health facilities. However, they still do not satisfy objective needs. For example, in 1981, the number of hospital beds throughout the nation had increased to 2,010,000. However, there was still only an average of two beds per 1,000 persons, with about one-third of them being simple hospital beds. Many sick persons who must be hospitalized cannot be accommodated by the hospitals. The problem of shortages of hospital beds in specialized medical fields is particularly acute. In many large and medium-sized cities, two or three women in labor may be occupying the same bed. After the 12th Plenum, the demands of the masses on the health care facilities will become more pressing as industrial production expands and as the people's standard of living improves. A key problem in mitigating the problem of "supply not meeting demand" as quickly as possible is finding a way to expand funds. It is precisely in regard to this problem that are reflected two differing guiding ideologies on how after all to manage socialist health and welfare services. Many comrades who want public health services to be expanded want the state to increase its investment and want the state to "guarantee" them. However, the actual situation is that we cannot rely on the state to "guarantee everything" in a large socialist country such as ours with a population of one billion people. Moreover, at present the finances of the state are limited so that the amount of increase in investment for health services each year is small. Under these conditions, we must proceed from reality, we cannot rely solely on the initiative of the state. Rather, we must arouse the initiative of all segments of the society and manage medical services by diverse means. This should be our major policy for public health work at present and for a long time in the future.

Setting out from a summary of historical experience and actual conditions, we believe that, at the least, the following three courses can be taken.

At present, there is an even greater possibility that local financial resources can be utilized to expand our nation's public health services. For many years, in addition to the funds for public health services and the investment in basic consturction provided in the national budget, fixed amounts of money have been expended from local financial resources in many regions on the basis of the requirements of the local people for use in expanding public health services in order to compensate for insufficiencies in the state funding of public health services and investment in basic construction. Even though the amount of money is small, it has played an important role in expanding local public health services. At present, the situation is even better. With the implementation of the line, programs, and policies of the Third Plenary Session, financial income has increased in differing degrees in local regions depending on to what extent production has developed. After a financial system has implemented a policy of "each eating from his own pot," clear-cut provision for local public health services must depend on local arrangements for funds and investment, with localities having even greater independent rights in the use of financial resources. Many local Party committees and governemnts began to emphasize public health work, including it in their agendas and making it a part of their local development plans after the Central Committee proposed implementing a policy of "emphasizing both civilizations together" in which both material civilization and a strengthened socialist spiritual civilization are to be built at the same time. These developments have raised the possibility of using more local financial resources to expand public health services from year to year. According to statisitcs for 29 provinces, cities and autonomous districts for 1981, the investment in building public health facilities in one-third of the counties amounted to 91.6 million yuan, of this amount, the investment by governments at the county level was 15.1 million yuan, or 16.6 percent of the total. In 1981, 20 regions, counties and cities in Guangdong Province used 2.11 million yuan to support the construction of hospitals. These developments indicate that is entirely possible to use larger amounts of local financial resources to build public health services, provide good advice, do a good job, provide a timely reflection of conditions to Party committees and governments, make proposals and obtain even greater support for public health work on the part of Party and government leaders and concerned departments.

Vigorous development of concrete medical and health organs is also an important method for accelerating construction of public health facilities in our nation. In the initial stages of the founding of the nation, we appealed to individual private medical practitioners to voluntarily organize joint clinics and joint hospitals and agricultural cooperatives to manage health stations, a large group of collectively owned grass-roots medical and health facilities were rapidly established. These organs did not require investment by the state. They were managed on the basis of the characteristics of collective medical and health organs, they were managed industriously and thriftily and greatly expanded. Since 1958, we have relied on these collectively managed medical organs to establish a public health structure on a widespread basis at the grass roots level in urban and rural areas within a comparatively short period of time. However, because of the subsequent influence of "leftist" ideology, many of the local collective medical and health facilities were shifted to ownership by all of the people. Those that were not transferred also were generally subject to the management methods of ownership by all the people.

This has resulted in existing collective medical and health organs having lost their original strong points and characteristics. A great portion of them must depend on state subsidies in order to be able to maintain themselves and continue in existence. Medical and health organs under collective ownership are a major component of our nation's collective economy. Their existence and development is suited to the present stage of the level of development and economic conditions in our nation. These unit organs are small, they are close to the masses, their methods are flexible and they are highly adaptive so that they can serve the masses even better. In particular, running collective medical and health organs involves savings on investment with effects being seen quickly, they can be run on a massive basis without requiring a large investment on the part of the state. For this reason, collective medical and health organs should not be decreased and they should continue to exist for a long time together with medical and health organs under the ownership of all of the people. In the past few years, 344 hospitals of traditional Chinese medicine have been newly built or expanded at the county level and higher, a comparatively rapid rate of development. A major reason for this has been that the initiative of collectively managed medical organs has been exhibited, with more than one-third of the traditional Chinese medical hospitals being run through reliance on collective forces. For this reason, under the present conditions in which the state is not able to make massive investments for expanding public health services, we should be vigorous in promoting the development of medical and health organs of a collective character and in managing them on the basis of the methods of the system of collective ownership. This would have a major effect on accelerating the expansion of public health facilities.

Actively utilizing the forces of industrial and communications enterprises and other sectors and vigorously supporting and aiding them in doing a good job of running off staff and workers hospitals is another major way of accelerating the expansion of public health facilities. Since liberation, industry, communications and other sectors have invested in the setting up many medical and health organs for the purpose of solving the medical and health care problems of the staff members and workers in their units. According to statistics for 1981, worker and staff hospitals accounted for 47.2 percent of hospitals at the county level and above in the nation as a whole. In existing worker and staff hospitals, the medical facilities cannot be fully used because of a shortage of key technical specialists, but potential is good. This is a force that we should not ignore. Medical administrative departments and medical science groups must adopt a variety of modes to arrange for training of their technical personnel, tkae part in exchange of technical experiences, and, on the basis of conditions, put stress on assisting them in establishing various specialities. We must never take an indifferent attitude toward them because of different relationships between subordinates and leaders. As industry expands, the public health sector should be vigorous in supporting and assisting newly established enterprises and departments in establishing their own worker and staff hospitals. At the same time, they should actively organize worker and staff medical organs in opening tehir services to the masses and assist in solving practical problems and policy problems that are encountered in opening up services to the masses. This will result in the medical and health organs of industry and other sectors becoming organic components of their local public health facilities and exerting their functions even more satisfactorily under conditions in which relationships between subordinates and leaders are not changed and in which the principal targets of service are not changed.

In summary, if there is to be a more widespread and rapid development of public health facilities, we must first break the old convention ideologically of relying simply on the state and come to rely on the initiative of diverse sources, taking a varied course of handling medical matters. If we take this course, a new state of affairs will inevitably develop in our nation's public health facilities.

10019
CSO: 5400/4102

TB CONSIDERED NATION'S HIDDEN SCOURGE

Johannesburg SUNDAY TIMES in English 28 Nov 82 p 58

[Article by Ada Atuijt]

[Text]

**MANY more people may be suffering from tuberculosis than suggested by the Health Department statistics for the past three years.**

The Department recently announced that TB notification rates in children were going down at an annual rate of 10 percent.

But from the beginning of 1979 until August 1982, their statistics excluded thousands of pre-school children whose skin tests showed that they had dormant TB.

The Medical Association of South Africa, backed by the country's top paediatricians, has since managed to get these youngsters with dormant tuberculosis back into the official statistics.

Masa considered this age group important because health officials often found highly-infectuous TB sources through these otherwise healthy youngsters.

"Such untreated, open TB cases could in turn infect many others. This epidemic could spread ever further if these children were not followed up," one specialist said.

Doctors conservatively estimated this week that "untold thousands" of such open TB cases could still be at large.

The previous Director General of the Department of Health and Welfare, Dr J de Beer was reported in Santa News as saying that an annual decrease in rural black children's infection rates of 10 percent to 20 percent had been noted.

He also forecast that this would decline even further over the next twenty years.

A Health Department spokesman, approached for comment, said they had dropped the pre-schoolers from the statistics because "in the young, tuberculosis often is confused with another lung disease, plethora.

"This problem often caused admissions incorrectly treated as TB. For this reason, we stopped including this age group in our statistics at the start of 1979," the spokesman said.

## Protests

Only in August 1982 — after urgent requests from the Medical Association of South Africa were these children's statistics reinstated.

The problem was first brought to Masa's attention by the South African Paediatric Association in October 1981.

And other written protests followed shortly thereafter — from paediatrics professors of the Universities of Pretoria, Witwatersrand and Tygerberg.

In addition, the Red Cross War Memorial Hospital in Cape Town also asked that these pre-school children with dormant TB once again be included in Government statistics.

A spokesman for the South African National Tuberculosis Association, (Santa), approached for comment, said they were pleased that these youngsters were again part of the official totals — but it mattered little in the long run whether 52 000 or 58 000 patients had been notified as new patients — the TB totals remained chilling and of epidemic proportions.

TB is a slum disease, caused by poor hygiene, overcrowding, malnutrition and poverty.

It was first imported into Southern Africa by white settlers at the turn of the century — at the height of a European epidemic.

And it is on the rampage mainly among South African blacks — not only because they lack the white man's centuries-old immunity to TB, but also because they are the poorest members of our community.

The death rate has, in fact, flared up again since 1977, in spite of improved "wonder drugs" and better disease identification.

The death rate for South African TB patients in 1977 — not including Transkei where 4 per cent of the adults suffer active TB — was 190,19 people per 100 000.

In 1980, this official figure shot up to 202,94 per 100 000 population group. This statistic did not include the pre-school age children with dormant TB or cases in Transkei and BophuthaTswana.

One out of every 100 Tswanas has open TB, according to the Health Department.

In 1981, more than ten people died of TB each day and an estimated 52 000 new cases were found, but these totals again excluding the TB-positive pre-school children, all of Transkei and BophuthaTswana — and this time, Venda had also been dropped.

One out of every 1 000 adults in Venda have open TB.

Dr de Beer also predicted this year that black notification figures "will remain around 35 000 to 45 000 per year in the South Africa for the next few years — and then tail off to reach the current level for Asians and whites in 20 years time."

The Government statistics still include the "self-governing national states": KwaZulu, Gazankulu and Lebowa — where one in every 200 adults suffer from open TB.

Once these states reach independence, their TB statistics will also be excluded from the RSA totals.

A Johannesburg specialist confirmed that the tuberculosis epidemic is so widespread that even with the correct Government statistics available to them, many clinics and hospitals cannot cope.

## Methods

"The staff or funds are simply not available to follow up all these thousands of pre-school children with dormant TB, and neither do we have the funds to treat them with the best available drugs," he said.

The Health Department was also accused of not fighting tuberculosis with the most modern methods available to them — and that their annual TB budget of R43 million is not enough.

Doctors recently demanded that the new "wonder" drug, Rifampicin, be supplied properly in Government institutions.

At present, it is said to be in chronic under-supply — although it cures patients in half the time normally needed and thus cuts down on hospital costs.

An appeal to rectify this situation was recently sent by Masa to the Director-General of the Department of Health.

But the Department this week again confirmed the dreary fact.

There simply isn't enough money to pay for the "wonder drug" rifampicin, which costs R1 per treatment per day as opposed to 35 cents for the "older" drugs.

CSO: 5400/101

## BRIEFS

CHOLERA WARNING--DURBAN--With the advent of warmer weather the number of cholera cases in Natal is expected to increase in the next few months, say medical authorities. But Dr van Rensburg, the State Medical Officer of Health for the province, says the situation is not as serious as it was last year. He said last year in the corresponding period about 2 000 cases were being treated weekly. In the past three weeks an average of about 121 cases had been treated weekly. He said the number of cases coming in from outlying areas in the Port Shepstone district on the South Coast was a cause of concern but an intensive immunisation programme had neutralised this to some extent. KwaZulu health officials are also concerned about the increasing number of cholera cases. They report that the number of cases is increasing in outlying areas in spite of an intensive campaign warning tribesmen to boil their water when cooking and drinking. [Text] [Johannesburg THE CITIZEN in English 15 Dec 82 p 10]

CSO: 5400/103

INCIDENCE OF BACILLERY DYSENTERY REPORTED

Colombo DAILY NEWS in English 4 Dec 82 p 1

[Text] Cases of diarrhoea with blood and mucus in the stools (bacillery dysentery) have been reported from various parts of the island.

The areas affected so far are Colombo North municipal area, Kolonnawa, Kelaniya, Ja-ela and Point Pedro and possibly Passara and Moneragala.

The majority of these cases occur in children under five years of age in whom the death rate is high if not treated early and properly.

The main symptoms are diarrhoea with blood and mucus, fever occasionally, vomiting sometimes followed by abdominal pain and severe tenesmus (urge to go to the toilet).

Dehydration has been observed in the early stages. If not treated early toxaemia and death can follow the health ministry said.

Early hospitalisation of these cases, particularly in children, is essential as delay in commencing treatment can lead to serious consequences. Continuation of normal feeding is essential for recovery, a ministry note stressed.

The disease spreads from person to person and the most important preventive measures are:

--Prompt treatment of all cases of diarrhoea, especially those with blood and mucus;

--Washing of hands thoroughly with soap and water after using the toilet (particularly after attending to the baby's toilet) before handling food and feeding the child;

--Water used for drinking should be boiled and cooled;

--Use of the toilet;

--Children should be encouraged to take their food from home.

CSO: 5400/4349

## BRIEFS

CHOLERA VICTIMS DIE--Police headquarters reported that two persons died of cholera at the Badulla hospital on Tuesday. The dead are a young Muslim couple living at Aluptha in the Passara police area. Police said their 4-year-old child is also being treated for cholera at the Badulla hospital. [Text] [Colombo DAILY NEWS in English 9 Dec 82 p 10]

CSO: 5400/4349

## BRIEFS

CHOLERA HITS TWO--Two people were attacked by cholera last month. This brings the number of confirmed cholera cases to 739 since the disease broke out in Swaziland last year. A total of 31 people have died from the disease which looks like "it may become another epidemic in Swaziland," the Ministry of Health has said. The two latest cases have both made satisfactory recoveries. The first person was treated at the Sithobela Health Centre and the other one at the Mbabane Government Hospital. A statement from the Ministry says: "Now that the warmer wet weather has arrived it is expected that cholera will increase. The indications are that these two cases may herald a new cholera epidemic." [Excerpt] [Mbabane THE TIMES OF SWAZILAND in English 14 Dec 82 p 3]

CSO: 5400/116

PUBLIC HEALTH OFFICIAL: MEASLES STILL GREATEST KILLER DISEASE

Dar es Salaam SUNDAY NEWS in English 28 Nov 82 p 5

[Interview with Tanzania Public Health Association (TPHA) Executive Secretary, Dr. C. M. Kinamia, with Diana Thamage in Dar es Salaam at an unspecified date]

[Excerpt]

**Q: — The recent two-day Tanzania Public Health Association (TPHA) scientific conference opened in Dar es Salaam with a detailed and concerned remark by Minister of State in the Prime Minister's Office Getrude Mongella on the urgent need there is for managing and immunizing against measles and related diseases mainly attacking children. What prompted the Minister's reaction, and how far has your association gone towards arresting the threat of these killer-diseases?**

A: — The Tanzania Public Health Association is a newly formed association. It was established with the aim of bringing together health workers in the field of public health. Public health practice is concerned with the promotion of health and prevention or control of diseases.

In convening our first annual general and scientific session, we aimed at two things: One, to inaugurate our association so as to get the feeling of its real birth and, two, having inaugurated our newly-born association, to discuss a subject of much concern in public health practice in Tanzania at the moment.

Admittedly, there are many such problems affecting the health of Tanzanians. However, for our first scientific session, we chose to discuss the problem of measles, which has been a subject of much concern not only to the medical profession but also to the general public.

TPHA believes that the eventual success in ridding the nation of this disease will have to involve community participation. Health, we believe, cannot be isolated from the rest of community development.

It was with this idea in mind that we invited the Minister of State in the Prime Minister's Office, Ndugu Getrude Mongella, whose office was concerned with community development. The speech she delivered touched our hearts. It was a revelation to us that her office was concerned with health matters to an extent which some of us did not expect.

For example, it was shocking to realize that every year in Tanzania 16 times as many children die of measles as all the deaths that occurred due to cholera in 1978. Now every Tanzanian is very much aware and is rightly scared of cholera. From Ndugu Mongella's speech, it is clear

that we really ought to be even more concerned about measles than of cholera.

**Q: — Facilities are known to abound all over the country, usually at absolutely no cost to the people, for immunization of infants and children against measles and other preventable diseases. Strangely, though, measles continues to claim the innocent lives of an estimated annual 24,000 children in Tanzania. What explanation do you have for this contradiction?**

A: — It is true that measles is still one of the greatest killer-diseases in Tanzania, claiming the lives of 24,000 children annually. The measles vaccine is known to be potent in the developed world. The question is why the measles vaccination programme is not achieving the same success in Tanzania as in some other countries. There are many reasons. The first is that some Tanzanians are still ignorant about vaccinations, including those to prevent measles.

The second is that some people wrongly believe that vaccination has no effect, and so they do not bother to take their children for vaccination. The third is that some areas are poorly served with health facilities and, therefore, the measles vaccine does not reach them as and when it should.

The fourth is that there may be practical problems in delivering the vaccine to people, such as lack of transport for health workers.

CSO: 5400/105

LEPROSY TREATMENT, OBSTACLES FOR PATIENTS NOTED

Bangkok BANGKOK POST in English 15 Nov 82 p 15

[Text]

**1974...The patients at the Phud Hong Lepers Colony thought their lives had reached rock bottom and that the end had come.**

But they were wrong.

When the shocking plight of the Phud Hong patients and their families was first revealed in the *Bangkok Post*, the patients were almost dying of the disease or starvation, or maybe both.

One look at the then one year-old Mag, the son of a couple of lepers, and no one would think he would live.

But look at the eight-year-old Mag now, with his rosy chubby cheeks and cheerful smile, and you will know the situation at Phud Hong has improved from the seemingly hopeless case over seven years ago to a colony full of life and hope for tomorrow.

And they owe it all to the public sympathy from which flow donations both in cash and in kind through the Phud Hong Leper Funds under the Royal Patronage of Her Majesty Queen Rambhai Barni.

The foundation was set up following the news of the hardship the 255 lepers and some 100 children were undergoing in the neglected settlement in Nakhon Sri Thammarat.

A leprosy victim said, "My only alternative is death," when their six-baht daily allowance was delayed with neither food nor medicine left in the colony.

Through public donations and the foundation committee's dedication, the present situation at Phud Hong is a miracle compared to the plight the patients had way back in 1974.

At least now Mag and the 300 other children in the colony do not have to worry about primary education.

A kindergarten and a school to accommodate 50 children have recently been set up. And now the colony can boast a 60-bed hospital, a meeting hall, a windmill for irrigation and a host of other electrical appliances.

Occupational trainings are also provided for the patients.

Materially, things are going well down at Phud Hong, now regarded by many as a model colony.

Obviously the foundation together with the charitable public have done their best to ease the life of the leprosy victims.

But will we stop just at this point and be contented?

We tend to highlight the success and prefer not to talk about the failures. And the Phud Hong Leper Colony is known because it is successful.

But Phud Hong, home

for about 400 patients and 300 of their children, is only one of the 13 leper colonies scattered all over Thailand. And it is estimated that over 100,000 have contracted leprosy since 1955 with over 40,000 patients still under treatment.

Besides, we should bear in mind that the lepers are not only the victims of physical disease but also of social prejudices accompanying it.

## DISTRESS

And the patients' psychological distress resulting from social prejudices is often graver and more difficult to cure than the physical disease itself.

The fact that the lepers have to be grouped together in a far away settlement is in itself a reflection of the public attitude in treating the lepers as outcasts.

It is the fear mixed with contempt in the public's mind that has left the lepers still ostracised as they have always been.

The public ignorance about the true nature of leprosy may be the root of this prejudices. But this can be uprooted if there is an active campaign to educate people more about the real nature of leprosy.

One myth about leprosy is that it is a highly contagious disease.

It is not.

There are two types of leprosy, one contagious and the other non-contagious. When treated at an early stage, the contagious type can even be rendered non-contagious. And both are curable, even when in their later stages when deformity is apparent.

Not knowing this, people are immediately overwhelmed by fear when they see leprosy victims with swollen wounds covered with blood and mucus on their disfigured body.

Fear forces the public to shun away from the lepers.

People automatically turn their heads, walk quickly away, leaving behind them the "poor souls" who are soon to be brushed out of their minds the minute they no longer see the shockingly ugly sight.

And that's why leprosy is different from other diseases. People are afraid to help them fearing that they too will turn lepers the moment they touch the "untouchable."

Ask ourselves. When we see the leper beggars on the street, why do we try to walk as far as possible from them instead of offering help, the thing that we might have done if we had found sick people fainting on the street?

Here are some of the questions we should also ask ourselves:

If leprosy is as highly contagious as its myth would have us believe, why haven't the doctors and nurses working closely with the lepers contracted leprosy?

If so, why haven't the children who are living with their leper parents turned lepers themselves?

Few of us realise that as long as we are healthy we will never contract leprosy.

And this is one of the reasons why most of the lepers are at the lowest strata of society, those who are the poorest and the weakest.

According to official figures, the poorest part of the country — the Northeast — has the highest rate of leprosy with over 22,000 patients or 59 per cent of the total registered lepers.

Poor living condition in a crowded small house causes one to easily contract leprosy from the other.

And even when medical health is available — rare it may be in rural areas — fear of social ostracism has made the patients hide the disease to themselves instead of consulting the doctor and have the disease cured at its early stages.

The social stigma attached to leprosy is indeed strong. For those who are fortunate enough to be cured, their disease stops but prejudices against them do not.

And that probably explains why the leprosarium — Phud Hong included — has become the permanent home of patients long after the end of the needed medical treatment.

The children of the lepers also have their own problems.

The myth of the hereditary taint of leprosy is, of course, a myth. But this living myth has caused many a perfectly healthy children no less the victims of social prejudices than their parents.

Eight-year-old Mag now may be unaware of what lies ahead of him when he grows up.

But we do.

And will we just wait and let him, along with hundreds of thousands of lepers' children, fight the prejudices alone without any effort to help?

Public donations are necessary to bring about physical improvement for the leprosy victims and their families. But that is not the end of what we can do.

The change in public misunderstanding towards leprosy can come about through continuous compaigns to inform the public about the true nature of leprosy.

And without the correction of public misunderstanding, the cured lepers and their children will not be accepted to come back to live and work outside the colony.

Without the change in public attitude, they will always be outcasts from society — the way they have always been for thousands and thousands of years.

CSO: 5400/4344

## BRIEFS

MALARIA TRAINING FOR FOREIGNERS--In 1981 200 million malaria cases were registered on the African continent alone, where the disease kills one million children every year. This is what Feodor Soprunov, corresponding member of the Academy of Medical Sciences of the USSR, director of the Institute of Medical Parasitology and Tropical Medicine, Moscow, said to an APN correspondent about the Soviet Union's contribution to fighting malaria in Asian, African and Latin American countries. The experience accumulated by the Soviet Union in combatting malaria attracts many foreign countries and particularly the developing Asian, African and Latin American states. Of special interest for the foreign specialists are the ecologically pure methods of combatting malaria and its vectors, which do not constitute a threat to the environment and which have been developed in the USSR and introduced into practice there. Directors and advisers of national anti-malaria programs, virologists, microbiologists, surgeons and specialists for the training of medical specialists come to Moscow from almost 40 countries. Those who attend the courses at our institute receive a theoretical grounding and then travel to southern areas of the USSR--to Krasnodar Territory, Georgia and Azerbaijan (the two latter are union republics in the Caucasus) where they are made acquainted with ecologically safe anti-malaria methods in practice. One of these methods is the breeding in water bodies of fish species which destroy the larvae of malaria mosquitoes. For example, the guests were made familiar with the biotechnology of growing white amur fish in Krasnodar Territory. During the past three years more than 70 specialists from developing countries have received theoretical and practical training at the courses. [Text] [Moscow APN DAILY NEWS in English 4 Nov 82 p 8]

CSO: 5400/1001

EDITORIAL CALLS FOR NATIONAL MOBILIZATION TO COMBAT CHOLERA

Threat Must Be Confronted Immediately

Lusaka TIMES OF ZAMBIA in English 30 Nov 82 p 1

[Editorial]

[Text]

THE reported cases of cholera in various parts of Zambia are a threat which must be confronted immediately.

The disease, which is highly contagious and fatal, has been confirmed in Kaputa (Northern Province), Mufulira on the Copperbelt both near Zaire and Kafue near Lusaka.

In Kaputa nine people are said to have died and one who had apparently contracted the disease while on a visit to Mufulira passed away in Kafue.

Considering the areas where it has broken out so far and the time it has taken for medical authorities to put out isolated warning signals, it is possible that many other places could be affected by now.

The possibility cannot be ruled out because there are no restrictions on the movement of people from Kaputa, Mufulira and Kafue to other districts. Social intercourse goes on as if nothing has happened.

Secondly due to lack of an effective educational campaign which was supposed to be coordinated by the ministries of Health and Information and Broadcasting, the majority of the people are ignorant of the seriousness of the disease.

Thirdly the public does not feel or know what the cholera surveillance committees which are reported to have been formed are doing.

The public should therefore not be satisfied with the bland statements being put out that "people should not panic as the situation is under control".

Surely when ten Zambians die of a disease such as cholera over a short period that must create national concern.

A national mobilisation is therefore called for without further delay. This should be carried out through the offices of provincial members of the Central Committee.

On the Copperbelt for instance, it must be one of the conditions that any alien coming in via Mokambo, Kasumbalesa or other entry points should carry a valid and authenticated anti-cholera vaccination cer-

tificate.
The same should go for provinces which border countries where the disease has now become more of an endemic scourge than an epidemic attack.
More importantly there is need for publicity of the preventive measures the masses should take hygienically as a community or individuals.
Lusaka Province medical officer Dr Chitwa Chimbini has done very well to spell out the precautionary steps.
For the benefit of the public these are (A) eat hot food; (B) prepare your own food; (C) boil meat — don't fry or roast; (D) wash hands before meals or after coming from the lavatory; (E) boil untreated water before drinking and (F) avoid contact with people from cholera areas.
If there was machinery to make the ordinary people understand these, the anti-cholera measures would be meaningful.
But alas visit Soweto market in Lusaka at lunch hour today, go to any village, social club or bar and you will find people doing the opposite of what Dr Chimbini advises.
Reason? They do not see the danger because they have not been properly informed about it.
And this is not the first time that cholera has hit Zambia. Only recently, Northern Province was affected. We should be wary.

## Lusaka, Kapue Cholera Controlled

Lusaka DAILY MAIL in English 2 Dec 82 p 5

[Excerpt]

**THERE are no new cases of cholera outbreak in Lusaka and Kafue areas, Lusaka provincial medical officer, Dr Chitwa Chimbini confirmed yesterday.**

**Dr Chimbini also said that two out of three cholera patients admitted at the Railway Clinic were discharged yesterday and the rest might be discharged soon.**

**On whether the disease might spread, Dr Chimbini said the situation was under control and advised members of the public to adhere to health regulations.**

## Kaputa, Copperbelt Cholera Controlled

Lusaka TIMES OF ZAMBIA in English 29 Nov 82 p 1

[Excerpt]

NINE people have died of cholera in Kaputa district in a fresh outbreak of the disease, Northern Province medical officer Mr Zakinndin Merchant confirmed yesterday.

Mr Merchant, who had just returned from an on-the-spot check of the district with Ministry of Health permanent secretary Dr Joseph Kasonde, said in a telephone interview the incidence of the disease was "under control."

He said a team of 15 medical assistants had been sent to the district to immunise the villagers and carry out intensive health education.

Mr Merchant said boma messengers had reinforced police at check points set along the border with Zaire to restrict free movement of people. Kaputa is just a few kilometres away from the border with Zaire and the check points have been put around Lambe-Chongwa, Nkosha and Chishela districts.

Last week the disease was eported have claimed 31 lives. In May seven people died in Chief Kaputa's area in Nchelenge district and 70 cases were reported since the recurrence of the disease was reported last April.

Meanwhile, Copperbelt province medical officer, Dr Vinayak Ganu has said the Ministry of Health has contained the spread of cholera on the Copperbelt.

To control the disease, all district surverillance committes had intensified health education campaigns to creat awareness among residents on the need to maintain the highest hygienic standards as a precautionary measure.

Dr Ganu said there had been no fresh cases of cholera reported anywhere on the Copperbelt and there was no need for panic.

## Cholera Control Measures Detailed

Lusaka TIMES OF ZAMBIA in English 1 Dec 82 p 2

[Text]

MINISTER of Health Mr Ben Kakoma and his Zairean counterpart meet this weekend to discuss control of people's movements between the two countries to curb the spread of cholera.

Assistant director of medical services Dr Lumbwe Chiwele, said on Monday that the problem of cholera eradication partly lay in the uncontrolled movement of people from Zaire to Zambia.

Sometimes fishermen in Luapula, where much of the proolem is, cross into Zaire at night.

He conceded that it was difficult to control the movement of people between the two countries.

The assistant director said that the cholera in Kafue was brought by a Mufulira resident.

Recently one man died and a boy admitted at the University Teaching Hospital in Lusaka after being attacked by the disease.

The ministry was hoping that the disease will not breakout in places like Kanyama and George townships or areas where water was untreated because it would be difficult to control.

Luapula Province Member of the Central Committee Mrs Mary Fulano said in Mansa yesterday that the outbreak of cholera in Nchelenge and Kawambwa districts had been brought under control.

The measures taken to control the situation included setting up roadblocks nd vaccinating travellers to and from the province.

Medical teams were going round villages to teach people on personal hygiene and to have them dig pit latrines while they were told to boil their drinking water.

She said the latest cases had been reported in Kawambwa but these were not serious enough to cause panic among people.

On Monday, Northern Province medical officer Mr Zikinndin Merchant reported that nine people had died in a new outbreak of the killer disease in Kaputa on the border with Zaire.

Last week the disease was reported to have claimed 31 lives.

In Chingola governor Mr Denny Kapandula has called on all health workers in his district to mount an education campaign to teach people how to prevent cholera.

Zana reports that the Copperbelt cholera surveillance committee has taken strict measures to control the disease and safeguard the public.

Provincial medical officer Dr Vinayak Ganu said in Ndola yesterday no new cases had been reported in the last eight days but added that measures had been taken to ensure that the disease did not spread.

Dr Ganu said surveillance committees in the districts met in Ndola last week to map put a strategy to fight the outbreak and that reports from the various areas would be submitted to his office as soon as they were ready.

CSO: 5400/93

CHOLERA OUTBREAKS UNDER CONTROL IN VARIOUS AREAS

Lusaka Province, Copperbelt Outbreaks

Lusaka DAILY MAIL in English 9 Dec 82 p 5

[Text]

THE CHOLERA outbreak in Lusaka Province has been contained and provincial medical officer Dr Chitwa Chimbini has pledged that medical officers will remain alert in case of another outbreak of the killer disease.

Dr Chimbini said that several health hospitals had attended to people suffering from severe diarrhoea.

Apart from the four cases that were reported from Kafue, there had been no reports of the killer disease in the province.

Dr Chimbini explained that the suspected cholera case on an employee of the International Catering Service should not cause alarm as it was only diarrhoea.

He however appealed to people to observe hygienic measures saying diarrhoea can also be serious as people can die due to excess loss of water.

The outbreak of cholera was reported in Kafue, Kaputa in the Northern Province, Nchelenge in Luapula Province and in Mufulira.

The outbreak of the killer disease has been blamed on the uncontrolled movement of people from the disease-infected neighbouring countries.

Health Minister Ben Kakoma is in Zaire for talks with his counterpart on the control of people's movement of the two countries to curb the spread of cholera.

Meanwhile, cholera patients on the Copperbelt have been discharged from hospitals, Copperbelt provincial medical officer, Dr Vinayak Ganu said.

Dr Ganu who was reviewing the cholera situation in his weekly briefing said according to reports from various district surveillance committees, no new cases had been reported since the first outbreak last month.

"The situation is absolutely quiet. We should assume that the disease had been brought under control but we must definitely be on the alert all the time".

Dr Ganu however, cautioned against complacency because the disease could easily resurface if strict control was not exercised.

There was no need for panic by the public because all necessary precautions had been taken to stave off any outbreak.

Dr Ganu, however, urged members of the public to observe strictly the basic hygienic standards in avoiding danger of contracting the highly contagious disease.

Dr Ganu advised the public to boil cooking water, thoroughly clean all food stuffs and maintain the highest sanitary conditions in the surroundings in which they live.

CHOLERA INCIDENCE VIEWED

Lusaka TIMES OF ZAMBIA in English 26 Nov 82 p 2

[Excerpt]

FOUR suspected cases of cholera have been reported on the Copperbelt, provincial medical officer Dr Vinayak Ganu said in Ndola yesterday.

Three of the cases were reported in Mufulira and one in Ndola. But Dr Ganu said he had not yet received an official report on the Ndola case.

In Mufulira, a woman has been admitted at Kamuchanga hospital and Dr Ganu said her condition had improved. She would be discharged soon.

The other two were quarantined at the same hospital and discharged on Wednesday.

In all the cases the vicitims came from Luapula Province and Dr Ganu said they could have used other means to get to the Copperbelt other than through the roadblocks set up on the road to Luapula where travellers are being vaccinated.

Two weeks ago cholera was reported in Mufulira and four people were admitted at Ronald Rose Mine Hospital.

The patients, two women, a girl and a man have since been discharged. There have been no new cases reported since then.

Four days ago cholera was reported in Kaputa district of Northern Province where 31 people died from the disease, according to the provincial medical officer Dr Zakinndin Merchant.

The cases were reported in Kawama and Chipango villages. In a bid to control the disease, health authorities have restricted the movements of people and banned the sale of fish in the two villages.

In May, seven people died in Chief Puta's area in Nchelenge district of Luapula Province and 70 cases were reported since the recurrence of the disease was reported last April.

CSO: 3400/419

NORTHERN PROVINCE RABIES CONTROLLED

Lusaka TIMES OF ZAMBIA in English 17 Nov 82 p 5

[Text]

THE outbreak of rabies in Northern Province is under control, assistant provincial veterinary officer Mr Boniface Phiri said in Kasama yesterday.

Mr Phiri said the situation had been contained after the arrival of vaccines from Lusaka two weeks ago and these have since been distributed to district veterinary offices.

There were sporadic outbreaks of the disease in the province and the most hit were Kaputa, Mbala and Mporokoso. The province ran out of vaccines nine months ago.

## Infested

Mporokoso district has been declared a rabies infested area according to the latest **Government Gazette**.

The notice says an area lying within a 15 km radius centred on the post office has been declared rabies infested.

Recently, stray dogs were killed with the help of police. Mr Phiri said some stray dogs which had rabies have not been killed because of lack of ammunition.

In rural areas, the vaccination of dogs had not started because of lack of storage facilities for vaccines.

CSO: 5400/100

## BRIEFS

MUSABWELA MEASLES OUTBREAK--ONE PERSON has died and 17 admitted at Isoka hospital for measles which has broken out at Muzabwela village 21 km east of Isoka. Medical officer in charge for Isoka district hospital Dr Haque Mohammad confirmed both the outbreak and the death of one patient. Dr Mohammad said the hospital was finding it difficult to contain the situation due to transport difficulties. The outbreak was first noticed on Saturday by a World Health Organisation (WHO) team based at Kampumbu doing research work on sleeping sickness. The team provided transport for some patients to be rushed to Isoka for medical attention. [Text] [Lusaka DAILY MAIL in English 16 Nov 82 p 3]

CSO: 5400/100

STRUGGLE AGAINST TUBERCULOSIS DESCRIBED

Harare THE HERALD in English 3 Dec 82 p 17

[Article by Sheila White]

[Text] **WAR has been declared by the Provincial Officer for Tuberculosis in Mashonaland on the increasing incidence of the disease.**

"Within two years there will be a reversal of these increasing figures which by the end of next year will have started dropping," Dr Edwin Mhazo prophesied in an interview.

During the period January to October last year a total of 1 170 cases of pulmonary and other types of tuberculosis were notified in Mashonaland.

In the corresponding 10 months of this year there were 1 205 notifications.

Between 3 000 and 4 000 cases were notified each year throughout the country which represented about 50 people in each 100 000 being affected with the highest incidence evident in the 18 to 40-year age group.

Dr Mhazo said that 85 percent of the notifications were in respect of pulmonary tuberculosis as against other forms of the disease such as that affecting the lymphnodes of the spine or the bovis strain which is contracted through drinking infected milk.

Affecting the lungs, pulmonary tuberculosis thrives on socio-economic factors such as malnutrition, poor housing, lack of hygiene and contaminated water.

## CONTAGIOUS

"In Zimbabwe we find most cases among farm workers, miners and members of the lower income group. Those who enjoy good living standards seldom contract the disease since they have a built-in resistance," Dr Mhazo said.

Extremely contagious, the rod-shaped microbacterium passes from the sufferer to another person by droplet infection entering the body through the respiratory tract.

Symptoms range from the coughing of sputum which may be white or blood-stained, weight loss, general malaise and night sweating.

Diagnosis is made by examination of the sputum under a microscope and chest X-rays after which the patient is subjected to intensive drug treatment for between eight and 12 weeks, usually being hospitalised.

During this time three drugs, Streptomycin, Isoniazid and Myrazinamide are the most commonly used to ensure that the patient can no longer infect others.

"Until now, tuberculosis patients have always been admitted to sanatoriums or isolation hospitals. We shall in future be admitting them to general hospitals once they are over the initial infectious period since, once they can no longer infect others, keeping them in isolation is pointless," Dr Mhazo said.

Following the intensive drug treatment stage, patients resume their normal lives, receiving outpatient treatment in their local hospital or clinic while at the same time swallowing an HT3 pill each day over an 18-month period.

## FATALITY RATE

Dr Mhazo stressed that the prognosis depended on just how soon a patient sought medical help once the disease manifested itself.

The fatality rate in Zimbabwe stands at 3,3 percent of all notified cases.

"All cases must be reported to the Provincial Medical Officer in charge of tuberculosis but this procedure is not always complied with in the rural areas. We are only able to base our figures on notified cases," Dr Mhazo said.

Death from general debility combined with haemoptysis, the coughing up of blood, was almost inevitably the result of the disease not having been diagnosed before the lungs were damaged beyond repair.

Turning to the weapons which will be used to intensify the war against

tuberculosis, Dr Mhazo said the most important would be an extended immunisation programme using BCG vaccine.

"Every child should be immunised, but in the rural areas this is not always done. The BCG vaccine does not guarantee 100 percent protection but it does constitute 75 percent, which is a big step forward," he said.

An improvement in the nation's general economic state, together with the plan to provide clean drinking water for everyone by 1990, constituted other factors which would help eradicate the disease.

"Well nourished people, who live in clean airy homes with piped water supplies, do not succumb to the bacillus," the doctor said.

The Ministry of Health also planned to mobilise teams of health workers to visit farms, mining compounds and the rural areas on intensive "case-finding" missions.

## SUFFERING

"People suffering from what we term a productive cough, with sputum which could contain the bacillus, will be tested. These mobile teams will also utilise X-rays for diagnostic purposes," he said.

Dr Mhazo said that the increased number of notified cases of tuberculosis should not be seen as an indication that the disease was spreading.

"Rather it appears that with the rural areas having become more accessible following the end of the war, there is now an increase in the number of cases being diagnosed."

It is now 100 years since Robert Koch, a German health officer, isolated the organism which causes TB. Now a vaccine helps to prevent it while there are curative drugs available.

Yet the number of cases throughout the world is increasing, a World Health Organisation (WHO) report recently revealed.

Between four and five million cases emerge each year with TB claiming the lives of at least three million people annually.

Dr Mhazo is determined that Zimbabwe will not be among those countries where this scourge continues to cost manpower and lives.

"Perhaps we shall never completely eradicate it since it still exists in highly developed societies, but we shall use every means at our disposal to reduce the incidence and we will win this battle," he said.

CSO: 5400/98

BVI CONSIDERED AS FOOT-AND-MOUTH RESEARCH CENTER

Gaborone DAILY NEWS in English 18 Nov 82 p 1

[Article by Bapasi Mphusu]

[Text] THE BOTSWANA Vaccine Institute (BVI) is being considered as the center for research and training in methods of controlling foot and mouth disease.

This was said by President Dr Q.K.J. Masire speaking at a lucheon hosted by the President of the IFFA - Merieux on Tuesday at the town of Lyon, some 400 kilometres from Paris.

The IFFA Merieux Institute is the organisation which has been instrumental in the establishment of the Botswana Vaccine Institute.

President Masire pointed out that a highly successful training course attended by veterinarians from seven SADCC countries was held recently in Gaborone under the sponsorship of the Food and Agricultural Organisation.

"We now produce an efficient vaccine which is vital for the cattle industry in all the SADCC countries," he said. "It is producing approximately half a million doses of vaccine per week," he added.

The President also stated that the establishment of the institute as a regional centre not merely for production but for research and control of foot and mouth and other diseases, "is a practical and positive example of regional cooperation."

He added: "It is an example that SADCC is an active and practical body capable of achieving concrete results.

Dr Masire said the Food and Agricultural Organisation is already on record as saying that this whole project is an admirable example of the type of joint regional co-operation they are always anxious to assist.

The Merieux Institute, Dr Masire said, had made an important contribution in promoting Franco-Botswana relations "what, I hope, will be emulated by other French enterpreneurs."

Earlier, welcoming Dr Masire and his delegation the President of the Intsitute, Dr Charles Merieux said the Botswana Vaccine Institute was the only laboratory in Africa which had the same technique, the same equipment as we have in Lyon, identical to those in Moscow and Buenos Aires."

Speaking on some of the achievements of his staff Dr Merieux said their staff in Lyon already had to intervene in Colombia in 1950 to a European Virus, in Iran in 1960 to an Asian Virus and at last in Botswana to an African Virus.

He added that with food and mouth disease, Botswaha had shown the best example by the rapidity of intervention of the Merieux team and in the construction of the laboratory.

He added that they would never forget that the bioforce had proved itself in Botswana, by placing the biotechnology of the new world in the service of the whole world.

While in Lyon President Masire and delegation toured the laboratories, two cattle farms and a poultry farm at charolles - a small settlement of mainly farmers about 100 km from Lyon.

He was given a warm reception by the farmers of the area who congratulated him for being the first foreign head of state to visit them.

CSO: 5400/98

LARGE COW HERD FOUND INFECTED WITH TRUE HYDATIDS

Auckland THE NEW ZEALAND HERALD in English 4 Nov 82 p 10

[Text]

**Hamilton**

**Cows that were found last week to have true hydatids probably became infected when they arrived at their new home in Otorohanga, say hydatid control officers.**

A field advisory officer for the Waikato division of the Ministry of Agriculture and Fisheries, Mr Charles Saville, said that the farmer bought the cows about two-and-half years ago from three farms.

"Some came from Pio Pio in the Waitomo district, some from Owhiro in the Otorohanga district, and most of them from a farm at Te Puke in the Tauranga district."

He said there were 60 more cows on the farm which were also likely to be infected.

The farmer also has 2300 sheep.

Large hydatid cysts were found in the livers and lungs of the 31 cows when they were sent for slaughter to an Auckland freezing company.

"We think the herd became infected after it arrived at the farm, because there would only be a chance in a million of all the cows being 100 per cent infected when they were from three different places," said Mr Saville.

"The remaining stock is probably infected too," said Mr Saville. "Hydatid eggs can be brought to farm stock through flies, the wind and dog faeces.

The farmer concerned had been advised to keep offal from his dogs, and to burn or bury offal after slaughtering stock, or finding dead stock on the property, he said.

"There were actually 45 farms in the Otorohanga district that we know have true hydatids in their stock."

CSO: 5400/9094

## BRIEFS

TSETSE FLY CONTROL MEASURES--ABOUT 13,000 tsetse fly-infested acres of bushland are to be cleared this financial year in Singida Region to provide grazing pastures to 150,000 cattle. According to a livestock plan distributed in Singida on Tuesday to Party Regional Executive Committee members five dips will be constructed and eight others improved. The plan also provides for the improvement of three and the building of a clinic in Singida district. According to the plan, 20 improved bulls would be provided to Ujamaa ranches with the aim of improving animal husbandry. The plan is intended to develop the livestock sector and make it contribute more to the national economy while assuring Singida peasants of a reliable source of income. [Text] [Dar es Salaam DAILY NEWS in English 25 Nov 82 p 3]

CSO: 5400/97

FOOT-AND-MOUTH DISEASE REPORTED IN REPUBLICS BORDERING LATVIAN SSR

Riga SOVETSKAYA LATVIYA in Russian 23 Oct 82 p 3

[Article by I. Sipols, Latvian SSR Chief State Veterinary Inspector, and Z. Anderson, Division Director, Latvian SSR Scientific Research Institute of Animal Husbandry and Veterinary Medicine: "Preventing Animal Diseases"]

[Text] Cases of foot-and-mouth disease among domestic animals have increased in frequency in some republics bordering on the Latvian SSR. In this connection our republic's herds are also jeopardized by spread of the disease. The danger is greatest in the border regions.

Foot-and-mouth disease is a serious infectious disease afflicting cattle, sheep, pigs, wild boars, elk and other artiodactyls. Young animals are especially susceptible to the disease, and it is also dangerous to man.

Foot-and-mouth disease is caused by a virus characterized by great resistance and variation. The virus can remain active for more than a year in frozen meat, 180 days on pastures, in hay and straw and in winter, and up to 140 days in the hair of animals. Survival of dried virus for 2 years in the environment was observed. It dies quickly in response to smoking: within 30 minutes at +70°, and within 15 minutes in the meat of young animals at +85°. Disinfectants containing alkali and formalin quickly destroy the virus.

The virus is spread mainly by the natural eliminations of animals and by milk, but it can also be carried by feed, litter, water and the clothing of people coming in contact with sick animals. Hides, wool, horns and hooves of fallen or destroyed animals can also become dangerous sources of the virus's spread.

In the beginning of illness, animals refuse feed and water, and their temperature rises. Blisters--so-called aphthae, in the place of which ulcers form--appear on the mucous membranes of the mouth (lips, tongue, gums) of cattle. Foamy saliva discharges from the mouth, and intense salivation occurs together with a champing sound. Aphthae often appear between the hooves and on the udder. A typical sign among sheep and goats is lameness elicited by aphthae, by erosion and by wounds between the hooves.

In pigs, aphthae form on the hock, beside the hoof. In sows, they may also appear on the udder. It takes 1-7 days and more rarely 3 weeks for the signs of illness to appear following the moment of infection. Given appropriate treatment, animals recover in 3-4 weeks.

Many diseases have similar manifestations, which is why only a specialist can make an accurate diagnosis, using the modern methods of laboratory quick diagnosis. Recovering animals can act as carriers of the virus and eliminate it into the environment for a long period of time.

Considering the possibility of extremely swift spread of the virus, foot-and-mouth disease can affect sizable territories within a short time. This is why it is very important to know and implement all of the preventive measures, and primarily to immunize against foot-and-mouth disease.

If the danger of the disease's spread exists, it is very important to protect farms and herds from penetration of the virus into them.

Steps have now been taken by party, soviet and farm organs of the Latvian SSR to restrict transportation and the movement of farm animals and agricultural products outside the republic, the roads leading out having been temporarily closed. Experience shows that failure to comply with these measures would make the spread of foot-and-mouth disease possible.

Care should be taken to see that farms do not receive casual visitors, and the work of veterinary checkpoints must be supported. Disinfection equipment must be present at entrances to farms. Protective clothing used at work cannot be taken home. After work, it must be meticulously disinfected, and left at the farm. All movement of animals and all business contacts with regions harboring a higher danger must be minimized. Greater attention must be turned to the conditions under which skim milk is pasteurized at processing enterprises.

If cases of foot-and-mouth disease arise at a farm or at a group of farms, a quarantine must be immediately imposed, and a prohibited zone must be created around the perimeter. All business ties are severed with the quarantine zone.

Although the danger of penetration of foot-and-mouth disease is the greatest in regions and farms bordering on infected zones, preventive measures must be intensified in all kolkhozes and sovkhozes of the republic, at enterprises processing animal husbandry products and in private farms.

11004
CSO: 5400/1000

## BRIEFS

LIVESTOCK, CROP LOSSES--The southern provinces had harvested more than 200,000 hectares of the 10th-month rice crop, or nearly 20 percent of the cultivated acreage. Central Vietnam's coastal provinces have basically completed the harvesting of the 10th-month rice crop. Rice yields are fairly good. As rice pests are ravaging the late 10th-month rice, the localities must protect the crop with insecticide. Due to the cold weather and lack of care, epidemic diseases broke out among livestock, causing many deaths. Since 1 October, more than 10,000 hogs and more than 300 buffalo have died. According to weather forecasts, the weather will be colder in the coming days. Localities should concentrate their efforts on stamping out the epidemic pockets and caring for the livestock to minimize losses. [Excerpts] [OW221431 Hanoi Domestic Service in Vietnamese 1100 GMT 20 Dec 82]

CSO: 5400/4352

# NCSR PLANS MONOGRAPH ON ANIMAL DISEASE CARRIER TICKS

Harare THE FINANCIAL GAZETTE in English 26 Nov 82 p 8

[Text]

**THE National Council for Scientific Research in Zambia (NCSR) is to produce a monograph on the habitat and occurances of ticks, an animal disease carrier causing heavy economic losses to the animal industry in the country.**

An NCSR spokesman said here that printing of the volume of the monograph, to be entitled "The Ixodid Ticks of Zambia, a study of zoogeography, distribution, ecology and host relationships", early next year would serve as a guide and reference for the future.

The spokesman said that there are 30 species of ticks which are known to attack domestic stock in Zambia, of which 12 are the most common and generally referred to as cattle ticks.

He announced that the council would hold a public lecture on "seasonal activity and distribution of Ixodid ticks parasitising livestock in Zambia" this month.

## IMPORTANT ROLE

He said realising the important role of ticks in the transmission of agents of animal diseases, the NCSR has during the past decade carried out systematic surveys throughout the country for the collection of ticks in different seasons.

"These samples, though obtained in a random manner, provide very valuable information, especially on distribution, seasonal occurence and host relationships," he said.

Ticks continue to pose a threat to the livestock industry in the country and their continued resistance and the increasing price of compounds to control them are some of the factors which necessitate the study.

CSO: 5400/95

## BRIEFS

CONTINUING RABIES CONTROL MEASURE--A TOTAL of 260 stray dogs have been shot dead for the past four months in Ndola in a bid to control rabies following an outbreak six months ago. The provincial veterinary officer for the Copperbelt, Dr Vladmir Vitazka has appealed to pet owners that the campaign to shoot stray pets, would continue as a preventive measure. Although there has been no new cases for the past three months this would not stop the department from shooting stray dogs. Dr Vitazka also reminded pet owners to keep all canine pets in enclosures or else they would be shot on sight. He said he had been appalled by the number of stray dogs that were roaming the Ndola streets because they paused a danger to public health. [Text] [Lusaka TIMES OF ZAMBIA in English 23 Nov 82 p 3]

SPREAD OF NEWCASTLE DISEASE--NEW Castle poultry disease has broken out in parts of Kitwe, Kabwe and Chisamba areas, according to the latest issue of the Government Gazette. In Kitwe, the Parklands area has been declared to be infected by the disease, while in Kabwe a five-kilometre radius area centred on the post office and Chisamba a 15-kilometre radius centre on the post office are affected. The Gazette appeals to the public to ensure no poultry was moved into, out, or within the infected areas except under a permit issued by a Government veterinary or livestock officer. [Text] [Lusaka TIMES OF ZAMBIA in English 28 Nov 82 p 1]

CSO: 5400/93

## BRIEFS

COFFEE RUST AFFECTS CROPS--San Salvador, 15 Dec (ACAN-EFE) El Salvador's Agriculture Minister Miguel Muyshondt Yudice reported today that 160 hectares of coffee have been damaged by coffee rusts. The official said that the rust has affected all of the country's zones and that in some areas there have been cases of another disease known as the coffee stalk borer. [Paris AFP in Spanish 2038 GMT 15 Dec 82]

CSO: 5400/2029

## BRIEFS

CROP DISEASE ANTIBIOTIC--Beijing, 20 Nov (XINHUA)--An institute under the Chinese Academy of Agricultural Sciences has developed a new kind of antibiotic that is effective against several crop diseases and harmless to both humans and livestock. Antimycoin "120" has a powerful inhibitive or lethal effect on fungi of cucumber, wheat and flower powdery mildew and other diseases, according to the Institute of Pedology and Fertilizers. Experiments in communes of Beijing suburbs show that timely application of antimycoin "120" destroys more than 90 percent of diseases on contaminated cucumber plant, scientists of the institute said. On 17 experimental plots in Shandong and Hebei Provinces, antimycoin "120" eliminated 70 to 80 percent of wheat rust, a disease which cut wheat harvest by 30 to 50 percent in some areas. The institute also conducted an experiment to test whether the antimycoin is toxic. Intake by rabbits of antimycoin "120" over a 2-week period did not cause any abnormal function of heart, lungs, liver or other organs, the institute said. [Text] [Beijing XINHUA in English 1220 GMT 20 Nov 82 OW]

GUANGDONG RICE LEAFHOPPERS--In close coordination with each other, all departments in Guangdong Province did well in eliminating rice leafhoppers which damaged the late rice crop. From the end of September to the middle of October, 10 million my of late rice had rice leafhoppers and generally, each 100 grains had 5,000 to 6,000 and up to 20,000 to 30,000 rice leafhoppers, an increase of some 1,000 to several 1,000 percent on previous years. This seriously threatened late rice production. After discovering these rice leafhoppers, all areas immediately took urgent measures to eliminate them. On 27 September, the general office of the provincial government issued an urgent telegraphic circular to all places on quickly wiping out rice leafhoppers damaging late rice. As a result of the efforts made by all areas, large areas of insect pests were quickly put under control. According to statistics compiled by relevant departments, only 10 percent of the 10 million mu where there were insect pests suffered varying degrees of loss. [Text] [HK161313 Guangzhou Guangdong Provincial Service in Mandarin 1000 GMT 4 Nov 82]

CSO: 5400/4112

## BRIEFS

NEW RICE DISEASE IN TARLAC--SAN FERNANDO--Pampanga, Dec. 8--Farmers in Central Luzon have been warned against a new rice disease discovered in Tarlac after it reportedly affected about 10 hectares there. The Ministry of Agriculture issued the warning and called on farmers to immediately report any signs of the new disease so that necessary assistance could be extended. Anastacio Tanedo, water management technologist of the National Irrigation Administration (NIA) in Tarlac, reported that the disease, called "rice blast," has already affected rice seedlings and 10 hectares of palay in barangay Baculong, Victoria, Tarlac. Tanedo said that the disease is a rusty pointed spot with gray irregular shape in its center, found on leaves and secondary branches of palay. [Text] [Manila BULLETIN TODAY in English 9 Dec 82 p 5]

CSO: 5400/4343

FUNGI CAUSE CROP DAMAGE IN DIOURBEL REGION

Dakar LE SOLEIL in French 25 Nov 82 p 7

[Article by Elimane Dieng: "Bambey" Food Shortage in the Department"]

[Text] Due to the attack by masalias and rhynuptias reflexas, the 1982-1983 agricultural season was affected almost throughout the department, and to the extent of almost 50 percent. Though the rapid response by the agricultural service in the department was able to halt the damage in time, the same was unfortunately not true of the honeydew, particularly because it is a rare reflexas, very rare even in the Bambey Department. However, this year it has wreaked havoc. Not having expected it, the local team was unable to combat it in time. The treatment the team is currently using against the fungi is to spread fungicide on the seeds, and local officials have reached the conclusion that this preventative measure will have to be taken at the beginning of each agricultural season. Lambaye and Baba-Garage districts were hard hit, with the degree varying from one rural community to another, between 30 and 70 percent. Suffice it to say that millet production will be poor for almost 50 percent of the entire department. In addition to Lambaye and Baba-Garage districts, some affected pockets have been observed in Ngoye district.

Careful study of the factors has led to the conclusion that the major cause of the attack by honeydew, masalias and rhynuptias reflexas was lack of fertilizer, which resulted in the plants not being strong enough to resist the attack of any outside factor tending to weaken them.

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CSO: 5400/90

BROWN LEAFHOPPER INFESTATION IN BAC HONG ELIMINATED

Hanoi HANOI MOI in Vietnamese 23 Oct 82 p 3

[Article by Nguyen Thang: "Bac Hong Exterminates Brown Leafhoppers"]

[Text] This year's 10th-month season, due to seedlings transplanted within the schedule and to proper fertilization, the 10th-month rice in Thuong Phuc Cooperative (Bac Hong village, Dong Anh) was in fairly good condition.

Suddenly, leafhoppers appeared in a few fields, then proliferated. A short time later, 130 mau of rice were damaged by brown leafhoppers. Hardest hit were 70 mau in Cua Nghe, where infestation threatened to blanket the area. In infested fields, the rice had withered, keeping farmers alert.

Ms Cham, plant protection unit chief, hurriedly went to the district to report on the situation. The district plant protection station sent cadres right away into the cooperative to find ways to help. The party chapter met with the cooperative management board to discuss plans for pest extermination. All available spraying tanks were mobilized. In addition, the district loaned 10 tanks and donated 25 kg of powdered insecticide.

The plant protection unit was in charge of spraying the whole infested area and of guiding farmers on using chemicals economically and with high efficiency. An antileafhopper campaign was launched in the wee hours of a Sunday morning, with 40 persons divided into 2 spraying groups. The remaining people went to Cua Nghe and Dong Sao zones. The atmosphere was laced with enthusiasm. Opening the way, cooperative members bared infested riceplants for the plant protection unit to spray. Infested areas were demarcated for concentrated and radical extermination. There were clusters of riceplants teeming with brown leafhoppers. One by one--1 field, 2 fields, then 1 mau, 2 mau--10 mau were sprayed. Following 3 days of uninterrupted spraying, the withering ricefields began to revive. Thus, 130 mau of 10th-month rice were saved.

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